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COUNTY HALL,
HERTFORD.

June, 1960.

To the Chairman and Members of the Health Committee.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the Year 1960.

During the year, some of the developments in the Mental Health Services planned in 1959 were materializing, and a considerable portion of this Report (pp. 55–72) is devoted to this topic. A good deal has been achieved—sometimes by forethought and industry, but sometimes too by good fortune. As an example of the latter, one can record that, as a consequence of the links forged with Napsbury Hospital during the past few years, Dr. Torrie—in 1960—agreed to increase his commitments with this department, and the Senior Psychiatric Social Worker from the hospital decided to transfer to the community care services of a local health authority, and ultimately joined the staff as our first Psychiatric Social Worker. One is happy to add that reference to p. 56 of the report will show that our excellent relationships with Dr. Patterson (the medical superintendent of Napsbury Hospital) were not prejudiced by these incidents.

Attention is drawn to the report (p. 65) on the interesting plan for “combined operations” between a mental hospital and the local health authority services conceived by Dr. Palmer (the Medical Superintendent of Hill End Hospital) and developed by the hospital consultants and the Divisional Medical Officer and his staff. One has no doubt that this excellent example of team-work benefits the patients it was designed to help. It certainly led to a closer understanding between the three elements in the National Health Service with responsibilities towards the mentally afflicted. The co-operation of the family doctors and their acceptance of the role of the less specialized members of the local health authority team was most gratifying, and we are indebted to Dr. Palmer’s vision in promoting this interesting venture.

The Hertfordshire County Council Act, 1960, is of significance to the work of the health department in two spheres. The new Act makes it possible to grant a conditional registration to a Nursing Home (see p. 74). This should be a useful supplement to the powers in the 1936 Public Health Act, which, in certain circumstances, have proved to be ineffective.

The 1933 Hertfordshire County Council Act brought refuse tips receiving material from outside a county district under the control of the County Council and District Council. In practice, it was not always possible to establish where refuse had come from, and tips created from local refuse were not necessarily unobjectionable. The new Act extends control to all types of tipping. The demand for tipping sites for discarded radioactive isotopes from industrial and research centres has brought new problems to this interesting branch of our work, which increases yearly in importance as the areas of excavation grow in size and the search for tipping space for the London refuse grows in intensity.

As in previous years, I am indebted to the many members of the staff who have contributed in their various ways to this Report. The Committee last year expressed a wish that this Report should be ready early in the year. The staff—quite properly—were at pains to fulfil this wish, but praise is due also to our printers who received the last typescripts on Tuesday and had the draft Report ready for despatch on the Thursday.

I am, Ladies and Gentlemen,

Your obedient servant,

J. L. DUNLOP,

County Medical Officer.

CHAIRMAN OF THE HEALTH COMMITTEE.

Mrs. I. D. Paterson, J.P.

SALARIED STAFF. AS AT 31ST DECEMBER, 1960.

County Medical Officer.

J. L. Dunlop, M.D., D.P.H., D.T.M. & H.

Deputy County Medical Officer.

W. Stewart, M.B., Ch.B., D.P.H.

Senior Medical Officer.

R. G. Hendry, M.B., Ch.B., D.R.C.O.G., D.P.H.

Principal Dental Officer.

A. H. Millett, L.D.S., R.C.S.

Consultant Psychiatrist (part-time).

Alfred Torrie, M.A., M.B., Ch.B., D.P.M.

Divisional Medical Officers.

(See also page 7.)

Dacorum.

R. S. Hynd, M.B., Ch.B., D.P.H., Churchill, Park Road, Hemel Hempstead.

North Herts.

V. R. Walker, B.Sc., M.B., Ch.B., D.P.H., 12 Brand Street, Hitchin.

St. Albans.

J. C. Sleigh, M.B., Ch.B., D.P.H., 15 Hatfield Road, St. Albans.

South-West Herts.

W. Alcock, M.B., Ch.B., B.Hy., D.P.H., Town Hall, Watford

Welwyn.

G. R. Taylor, M.B., B.S., D.P.H., "Gooseacre," Cole Green Lane, Welwyn Garden City.

South Herts Division

East Herts Division

} No Divisional Scheme in force.

Assistant County Medical Officers.

F. Barasi, M.R.C.S., L.R.C.P., D.P.H.

D. M. Batty, M.B., Ch.B.

J. M. Beard, B.Sc., M.B., Ch.B.

N. M. Burgess, M.B., Ch.B.

B. E. S. Colman, B.A., M.R.C.S., L.R.C.P.

J. E. Crawley, M.B., Ch.B., M.R.C.P.

H. Gough-Thomas, M.A., M.B., B.Chir., D.R.C.O.G., D.P.H.

K. W. M. Harbord, B.A., M.B., B.Ch., B.A.O.

E. M. Harrison, M.B., Ch.B., D.P.H.

E. C. Howarth, M.B., B.S.

L. S. Karpati, M.D. (Graz).

N. MacRae, M.B., Ch.B., D.P.H.

P. L. Martin, M.B., B.S., D.R.C.O.G., D.P.H.

S. J. Moynihan, M.R.C.S., L.R.C.P.

P. B. M. O'Reilly, M.R.C.S., L.R.C.P., D.P.H.

H. E. D. E. Ormiston, M.B., B.S., D.P.H.

J. M. B. Orr, M.B., Ch.B.

M. I. Outram, M.B., Ch.B., D.P.H.

B. A. Richards, M.B., B.S.

E. R. Rue, M.B., B.S.

E. E. Walton, M.B., B.S.

M. E. Watkins, M.B., B.S.

A. Wilkes, M.B., B.S., D.P.H.

A. H. Wright, M.B., Ch.B.

There are in addition 30 doctors working on a sessional basis.

Chest Physicians (Part-time).

T. A. W. Edwards, B.A., M.B., B.Ch., M.R.C.P.
 A. G. Hounslow, M.D.
 P. W. Roe, B.A., B.M., B.Ch.
 J. B. Shaw, M.D., D.P.H.

County Nursing Officer and Day Nurseries Supervisor.

V. M. King, S.R.N., S.C.M., H.V., Q.N.

Deputy County Nursing Officer and Divisional Nursing Officer for South Herts

M. A. McClements, S.R.N., S.C.M., H.V., Q.N.

Divisional Nursing Officers.

<i>East Herts</i>	. B. Brewer, S.R.N., S.C.M., H.V., Q.N.
<i>Dacorum</i>	. J. C. Maughan, S.R.N., S.C.M., H.V., Q.N.
<i>North Herts</i>	. S. H. Kestin, S.R.N., S.C.M., H.V., Q.N.
<i>St. Albans</i>	. E. M. Jeffries, S.R.N., S.C.M., H.V., Q.N.
<i>S.W. Herts</i>	. Vacant.
<i>Welwyn</i>	. D. A. Reay, S.R.N., S.C.M., H.V., Q.N.

County Health Inspector.

J. L. Stringer, M.R.S.H., M.A.P.H.I.

Almoner/Home Help Organizer.

B. M. Campbell, A.M.I.A.

Almoner (Part-time).

P. Morfey, M.A., A.M.I.A.

Senior Authorized Officer.

W. H. Finch.

Psychotherapist (part time).

M. Gurney.

Senior Psychiatric Social Worker.

E. L. Thomas, M.H.Cert.

Mental Welfare Officers.

E. M. Rendle, M.H.Cert.

H. D. Bushell.	E. M. Morris.
K. E. Calladine.	A. G. Peace.
M. V. Coupland.	H. M. Watson.
D. H. Edwards.	G. E. M. Witter.

Chief Clerk.

W. A. Treharne, A.C.I.S.

MEDICAL OFFICERS OF HEALTH AND PUBLIC HEALTH INSPECTORS OF COUNTY DISTRICTS.

(As at 31.12.1960.)

<i>Division.</i>	<i>District M.O.H.</i>	<i>County District.</i>	<i>Public Health Inspector.</i>
East Herts	Dr. E. M. Harrison (A.C.M.O.).	Bishop's Stortford U.D.	Mr. A. L. Good
	*Dr. C. R. Hillis (temporary).	Cheshunt U.D.	Mr. C. Wilson
	Dr. G. M. Frizelle	Hertford B.	Mr. B. Peck
		Hoddesdon U.D.	Mr. W. N. David
		Sawbridgeworth U.D.	Mr. C. A. Ford
		Ware U.D.	Mr. C. J. Lucas
		Braughing R.D.	Mr. E. E. Wateridge
		Ware R.D.	Mr. A. D. G. Goold
	*Dr. J. E. Crawley	Hertford R.D.	Mr. H. E. Gilby
North Herts	Dr. V. R. Walker (Divisional County M.O.).	Baldock U.D.	Mr. A. D. Gates
		Hitchin U.D.	Mr. N. Holt
		Letchworth U.D.	Mr. A. Jump
		Royston U.D.	Mr. S. M. Jackson
		Stevenage U.D.	Mr. R. V. Lamey
		Hitchin R.D.	Mr. W. M. Matthews
St. Albans	Dr. J. C. Sleigh (Divisional County M.O.).	City of St. Albans	Mr. R. E. C. Goddard
		Harpenden U.D.	Mr. J. Snowden
		St. Albans R.D.	Mr. D. J. Graham
	*Dr. G. W. Everett (temporary).	Elstree R.D.	Mr. G. Male
South Herts	Dr. A. L. Hyatt (temporary).	Barnet U.D.	Mr. J. B. Wilson
	*Dr. C. M. Scott (temporary).	East Barnet U.D.	Mr. W. K. Pickup
South-West Herts.	Dr. W. Alcock (Divisional County M.O.).	Watford B.	Mr. K. H. Marsden
		Bushey U.D.	Mr. A. C. F. Gisborne
	Dr. W. Harvey	Chorleywood U.D.	Mr. W. E. Hands
		Rickmansworth U.D.	Mr. C. R. Alexander
		Watford R.D.	Mr. S. N. Grigg
Welwyn	Dr. G. R. Taylor (Divisional County M.O.).	Welwyn Garden City U.D.	Mr. M. Stockdale
		Hatfield R.D.	Mr. C. A. Bailey
		Welwyn R.D.	Mr. P. B. Hawley
Dacorum	Dr. R. S. Hynd (Divisional County M.O.).	Hemel Hempstead B.	Mr. A. C. Horne
		Berkhamsted U.D.	Mr. R. C. Sweet
		Tring U.D.	Mr. T. William Jones
		Berkhamsted R.D.	Mr. C. Laidman
		Hemel Hempstead R.D.	Mr. R. H. T. Chappell

* Also holds appointment as part-time A.C.M.O.

Except where indicated, the officers named here serve County District Councils and are not on the staff of the County Council. This list is included in the Report for the information of those interested in the staffing of the Health Services in the County as a whole.

ANNUAL REPORT, 1960.

VITAL STATISTICS FOR THE COUNTY OF HERTFORD.

TABLE 1.

POPULATION AND ACREAGE.

	Acreage (land and water)	Population at Mid Year			
		Estimate 1957	Estimate 1958	Estimate 1959	Estimate 1960
Boroughs	21,496	178,800	182,710	186,620	190,430
Urban Districts	71,982	335,000	347,190	360,680	373,210
Rural Districts	311,046	226,000	231,300	236,700	242,400
County	404,524	739,800	761,200	784,000	806,040
England and Wales	37,339,215	45,755,000			

TABLE 2.

STATISTICAL SUMMARY.

Live Births	14,614
Live Birth Rate per 1,000 population	18.13
Still Births	260
Still Births rate per 1,000 live and still births	17.48
Total live and still births	14,874
Infant Deaths	257
Infant Mortality per 1,000 live births—total	17.58
" " " " " " legitimate	16.84
" " " " " " illegitimate	36.83
Neo Natal " " " " " " (first four weeks)	10.60
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	10.60
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	27.90
Illegitimate live births per cent of total live births	3.71
Maternal deaths (including abortion)	4
Maternal mortality rate per 1,000 live and still births	0.27
Epidemic death rate per 1,000 population	0.01
Tuberculosis death rate per 1,000 population	0.05
Cancer death rate per 1,000 population	1.65
Heart Disease death rate per 1,000 population	2.95

This summary of the principal vital statistics is prepared from data supplied by the Registrar-General.

The death rate and the birth rate compare favourably with National figures. This comparison could, of course, be discounted by the fact that the rates given here are crude rates and have no regard for the unbalanced population existing in this County at the present time where a preponderance of young people will obviously tend to give a rise in the birth rate and an apparent fall in the death rate. If the balancing factor produced by the Registrar General is applied to the rates in this County they compare with the National figures as shown below :—

	Crude rate	Rate by balancing factor	National rate
Death rate	9.27	10.47	11.5
Birth rate	18.13	17.74	17.1

TABLE 3.—CAUSES OF DEATH, 1960.

		AGE GROUPS—BOROUGH AND URBAN DISTRICTS																AGE GROUPS—RURAL DISTRICTS																County Total	
		0—				1—				5—				15—				45—				65—				All Ages		Total M&F							
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
1	Tuberculosis—respiratory	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11				
2	Tuberculosis—other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1				
3	Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8				
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
5	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
6	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
7	Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
8	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
9	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5				
10	Malignant neoplasm—stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10				
11	Malignant neoplasm, lungs, bronchus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	154				
12	Malignant neoplasm—breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	51				
13	Malignant neoplasm—uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	100				
14	Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35				
15	Leukæmia, aleukæmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11				
16	Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	143				
17	Vascular lesions of nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	45				
18	Coronary disease—angina	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	644				
19	Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54				
20	Other heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	55				
21	Other circulatory disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21				
22	Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15				
23	Pneumonia	21	18	5	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16				
24	Bronchitis	—	1	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	179				
25	Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	82				
26	Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24				
27	Gastritis, enteritis, and diarrhoea	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22				
28	Nephritis and nephrosis	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9				
29	Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13				
30	Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14				
31	Congenital malformations	16	15	3	5	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4			
32	Other defined and ill-defined diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25				
33	Motor vehicle accidents	62	39	5	3	4	1	2	14	50	93	170	206	263	469	24	17	1	4	3	19	36	64	99	105	204	673	33	7	104	673				
34	All other accidents	1	—	2	1	2	1	1	1	11	13	8	64	21	85	—	—	—	—	—	2	5	3	26	27	33	118	156	34	3	118				
35	Suicide	2	5	3	—	—	—	—	—	7	16	50	37	64	101	4	—	—	—	—	10	10	22	28	33	55	156	63	35	2	156				
36	Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63				
	Totals	104	80	28	17	15	7	31	5	817	520	1602	1919	2597	2548	5,145	43	30	6	12	15	6	17	3	382	228	723	808	1,186	1,147	2,333	7,478			

Per 1,000 Population.



TABLE 6.
DEATH RATE.
(per 1,000 population.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1944-53 (average for ten years).	1,667	11·0	2,760	10·1	1,607	9·7	6,034	10·2	11·6
1954 .	1,663	10·0	2,737	9·1	2,202	11·5	6,602	9·8	11·3
1955 .	1,752	10·4	2,990	9·6	2,347	10·8	7,089	10·3	11·7
1956 .	1,768	10·2	2,998	9·3	2,523	11·1	7,289	10·2	11·7
1957 .	1,741	9·7	3,033	9·1	2,355	11·5	7,129	9·6	11·5
1958 .	1,851	10·1	3,129	9·0	2,365	10·2	7,345	9·7	11·7
1959 .	1,924	10·3	3,212	8·9	2,367	10·0	7,503	9·6	11·6
1960 .	1,843	9·6	3,302	8·8	2,333	9·6	7,478	9·3	11·5

TABLE 7.
STILL-BIRTH RATE.
(per 1,000 births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1944-53 (aver- age for ten years)	58	22·2	94	21·0	58	20·6	210	21·1	22·5
1954 . .	64	23·7	95	20·6	69	20·7	228	21·4	24·0
1955 . .	50	17·7	89	18·1	77	23·0	216	19·5	23·1
1956 . .	61	20·6	114	20·8	67	18·6	242	20·1	23·0
1957 . .	57	18·5	115	19·4	74	19·5	246	19·2	22·5
1958 . .	74	22·4	124	18·7	73	18·4	271	19·5	21·6
1959 . .	56	16·5	126	18·7	76	19·1	258	18·3	20·7
1960 . .	71	19·7	125	17·5	64	15·5	260	17·5	19·7

TABLE 8.
INFANT MORTALITY.
(Deaths under 1 year per 1,000 live births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1944-53 (aver- age for ten years)	66	26	113	26	69	25	248	25	36
1954 . .	45	17	81	18	57	17	183	18	26
1955 . .	44	16	85	18	50	15	179	16	25
1956 . .	46	16	102	19	66	19	214	18	24
1957 . .	59	20	107	18	69	19	235	19	23
1958 . .	51	16	94	14	79	20	224	16	23
1959 . .	47	14	120	18	64	16	231	17	22
1960 . .	60	17	124	18	73	18	257	18	22

Per 1,000 Live Births.



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TABLE 10.

DEATHS FROM CANCER OF LUNGS AND BRONCHUS.

Year	Males			Females		
	Total deaths 2	Deaths from Cancer of Lungs and Bronchus 3	Ratio of 3-2	Total deaths 4	Deaths from Cancer of Lungs and Bronchus 5	Ratio of 5-4
1950 .	3,010	126	24	3,009	25	120
1951 .	3,255	151	21	3,047	22	139
1952 .	3,078	169	18	3,027	29	104
1953 .	3,495	188	18	3,378	34	99
1954 .	3,377	184	18	3,225	32	101
1955 .	3,412	212	16	3,667	36	102
1956 .	3,590	208	17	3,699	39	94
1957 .	3,607	252	14	3,522	37	95
1958 .	3,634	258	14	3,711	37	95
1959 .	3,710	271	14	3,793	42	90
1960 .	3,783	300	13	3,695	43	86

TABLE 11.

MATERNAL MORTALITY

Year	Hertfordshire			England and Wales Rate
	No. of Live and Still Births	No. of Maternal deaths	Rate per 1,000 Live and Still Births	
1950 .	9,359	10	1.1	0.9
1951 .	9,433	3	0.3	0.8
1952 .	9,525	6	0.6	0.7
1953 .	9,993	5	0.5	0.8
1954 .	10,652	12	1.1	0.7
1955 .	11,090	5	0.5	0.6
1956 .	12,034	6	0.5	0.6
1957 .	12,784	5	0.4	0.5
1958 .	13,889	6	0.4	0.4
1959 .	14,108	5	0.4	0.4
1960 .	14,874	4	0.3	0.3

TABLE 12.

HEART DISEASE DEATH RATE.

(per 1,000 population.)

Year	Hertfordshire							
	Boroughs		Urbans		Rurals		County	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1944-53 (aver- age for ten years) .	520	3.4	772	2.8	491	3.0	1,783	3.0
1954 . .	530	3.2	846	2.8	704	3.5	2,080	3.1
1955 . .	585	3.5	957	3.1	817	3.9	2,359	3.3
1956 . .	573	3.3	937	3.0	823	3.8	2,333	3.2
1957 . .	533	3.0	947	2.8	798	3.5	2,278	3.1
1958 . .	591	3.2	986	2.8	734	3.2	2,311	3.0
1959 . .	546	2.9	995	2.8	741	3.1	2,282	2.9
1960 . .	559	2.9	1,085	2.9	737	3.0	2,384	2.9

DISTRICT.	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid	Paratyphoid	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox	Malaria	Undulant Fever	Infective Hepatitis	Wells Disease	Tuberculosis		Scabies	Total for Districts	
			Paralytic	Non- Paralytic						Infective	Post- Infective													Pulmonary	Non- Pulmonary			
Boroughs—																												
1 Hemel Hempstead	21	52	—	—	25	—	—	16	—	—	1	—	—	—	3	—	1	—	—	1	—	—	—	19	5	—	145	
2 Hertford	2	7	—	—	8	—	1	2	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	7	—	—	33	
3 St. Albans	18	87	—	—	85	—	13	31	—	—	—	—	—	1	—	3	6	—	—	—	—	—	—	31	4	—	289	
4 Watford	42	111	1	—	675	—	6	23	—	—	—	—	—	4	—	44	7	—	—	—	—	—	—	38	8	—	968	
Totals Boroughs .	83	257	1	—	793	—	20	72	—	—	2	—	—	5	3	48	14	—	—	1	1	—	20	—	95	17	—	1,435
URBANS—																												
1 Baldock	2	1	—	—	92	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	102
2 Barnet	8	39	—	—	161	—	2	35	—	—	—	—	—	6	2	—	4	—	—	—	—	—	—	8	—	—	1	268
3 Berkhamsted	5	9	—	—	4	—	2	4	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	9	—	—	—	41
4 Bishop's Stortford	1	58	—	—	106	—	2	3	—	—	—	—	—	—	—	—	36	—	—	—	—	—	—	9	1	—	—	200
5 Bushey	7	7	—	—	8	—	2	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	4	2	—	—	67
6 Cheshunt	41	101	—	—	104	—	25	27	—	—	1	—	—	1	—	3	1	—	—	—	—	—	—	9	1	—	—	318
7 Chorleywood	—	4	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15
8 East Barnet	28	73	—	—	17	—	5	24	—	—	—	—	—	2	—	3	—	—	78	—	—	—	—	13	4	—	—	247
9 Harpenden	32	57	—	—	49	—	3	3	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	5	1	—	—	153
10 Hitchin	1	26	—	—	32	—	1	3	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	5	1	—	—	70
11 Hoddesdon	9	56	—	—	5	—	3	11	—	—	—	—	—	9	—	—	—	—	—	—	—	—	—	5	1	—	—	101
12 Letchworth	4	3	—	—	211	—	—	7	—	—	—	—	—	1	—	—	2	—	—	—	—	—	—	8	2	—	—	239
13 Rickmansworth	5	11	—	—	74	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	4	—	—	109
14 Royston	1	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	8
15 Sawbridgeworth	2	15	—	—	19	—	—	16	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	1	—	—	58
16 Stevenage	34	43	—	—	259	—	1	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	374
17 Tring	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
18 Ware	—	4	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13
19 Welwyn City	44	51	—	—	751	—	19	214	—	—	—	—	—	2	—	—	14	3	—	—	—	—	—	6	1	—	—	1,105
Totals Urbans .	224	566	—	—	1,907	—	68	367	—	—	1	—	3	26	4	28	57	4	79	—	—	—	23	—	114	27	1	3,499
RURALS—																												
1 Berkhamsted	3	5	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	—	—	18
2 Braughing	2	15	—	—	13	—	5	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	5	1	—	—	46
3 Elstree	27	77	—	—	134	—	3	11	—	—	—	—	—	—	3	14	2	—	—	—	—	—	—	25	1	—	—	297
4 Hatfield	26	49	—	—	116	—	6	10	—	—	—	—	—	2	—	—	4	1	—	—	—	—	—	9	5	—	—	228
5 Hemel Hempstead	5	8	—	—	12	—	—	10	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	2	2	—	—	55
6 Hertford	7	10	—	—	41	—	—	3	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	64
7 Hitchin	12	22	—	—	50	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1	—	—	98
8 St. Albans	35	35	—	—	93	—	7	25	—	—	—	—	—	5	1	—	—	—	—	—	—	—	—	15	2	—	—	213
9 Ware	1	10	—	—	20	—	4	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	71
10 Watford	55	68	—	—	156	—	1	10	—	—	—	—	—	—	—	11	—	—	—	—	—	—	—	13	12	—	—	329
11 Welwyn	2	1	—	—	2	—	—	7	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	15
Totals Rurals .	175	310	2	—	638	—	29	105	—	—	—	—	—	9	4	31	8	1	—	—	—	14	—	82	26	—	—	1,434
Totals County .	482	1,133	3	—	3,338	—	117	544	—	—	3	2	3	40	11	107	79	5	79	1	—	—	57	—	291	70	1	6,368

The mortality figures resulting from the infectious diseases will be found in Table 2, page

NATIONAL HEALTH SERVICE ACT, 1946.

Notes on Statistical Return to Ministry of Health (Form L.H.S. 27).

Each year the Health Department completes for the Ministry of Health a Return in the form of a statistical summary of the work done in connection with the services administered under Part III of the National Health Service Act, 1946. Comment on the particular services will be found in the body of the report.

TABLE 14.

	1958.	1959.	1960.
Actual Births :—			
Notified	15,136	15,058	16,113
Live	14,863	14,782	15,854
Still	273	276	259
Premature Births :—			
Notified	882	820	893
Midwives :—			
Domiciliary :—			
Employed by local Health Authority .	123	132	128
(Representing whole-time equivalent) .	52·29	58·4	59·04
Employed by Hospital Management Committee	6	6·5	7
Private Practice	12	11	15
Institutional :—			
Employed in hospitals	128	142	135
Employed in nursing homes	10	13	16
Gas and Air Analgesia :—			
Midwives qualified to administer gas and air analgesia	257	283	275
Ante-Natal Clinics :—			
Sessions per month	81·7	72·7	76·7
Attendances made	12,612	11,350	11,044
Infant Welfare Centres :—			
Sessions per month	479	542	530
Attendances made	225,161	239,196	249,995
Under 1 year	160,712	167,181	171,381
1 to 2 years	35,596	40,424	42,966
2 to 5 years	28,853	31,591	35,648
Health Visitors :—			
Number employed	135	140	143
(Representing whole-time equivalent) .	68·68	79·8	74·22
Clinic Nurses	27	32	30
(Representing whole-time equivalent) .	8·1	9·6	9·7
Home Nurses :—			
Number employed	168	179	173
(Representing whole-time equivalent) .	112·16	109·5	110·64
Day Nurseries :—			
Approved places : 0-2 years	169	169	169
2-5 years	251	251	251
On register at 31st December : 0-2 years .	97	91	110
2-5 years .	178	205	214
Average daily attendances : 0-2 years .	71	76	76
2-5 years .	152	150	169
Home Helps :—			
Employed whole-time	16	19	—
Employed part-time	642	659	694
Nurseries and Child Minders Act, 1948 :—			
Premises registered	25	27	32
Minders registered	113	125	155
Daily Minders receiving fees from the Authority at 31st December	12	7	7
Number of Children cared for under County Council Scheme	16	10	9
Registered Nursing Homes	23	21	19

Administrative and Organizing Staff are not included in the above table.

SECTION 21.—PREMISES.

In 1960 substantial progress was made with Health buildings in the County and the greater part of the five-year development plan approved by the Committee at the end of 1956 had come to fruition.

At Stevenage, the Principal Health Centre was occupied in September and one of the first functions held there was the presentation of long service badges to Home Helps by the Chairman of the Committee. The Health Centres at Bishop's Stortford and Cheshunt were nearing completion at the end of the year.

There was a serious delay in the erection of the Health Centre at Berkhamsted because of difficulties in acquiring the site but these have now been resolved.

For many years the Centre at 149–151 East Barnet Road, East Barnet, has ranked as first priority in our building programme. After a succession of frustrating delays loan sanction was obtained. Demolition began in April, 1960, and rebuilding the following month. The original expected date of completion was September, 1961, but it seems likely to be delayed until early in 1962.

The Committee approved in principle the erection of a Day Nursery at St. Albans to replace the war-time Nursery there. At Letchworth it was agreed to use the proposed Community Centre on the Grange Estate for health purposes.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

TABLE 15.

INFANT WELFARE CENTRE ATTENDANCES.

	No. of Centres	Sessions Held	Doctors' Attendances	No. of Children who Attended	Children's Attendances	
					Total	Average per Session
1956 . .	142	5,078	3,829	26,872	196,813	39
1957 . .	144	5,296	4,009	29,971	210,429	40
1958 . .	147	5,696	4,241	31,406	225,161	40
1959 . .	150	6,117	4,446	31,492	239,196	39
1960 . .	150	6,317	4,911	34,852	249,995	40

DAY NURSERIES.

The Day Nurseries continue to provide a very useful Service for the children who for the various reasons set out in the official categories of the County Council adequate daily care in their homes cannot be given. The numbers under these categories in December, 1960, were as follows :—

TABLE 16.

Children of widows or widowers	20
„ „ unmarried mothers	76
„ „ deserted wives or husbands	120
„ „ parents in prison	8
„ „ Parents suffering from chronic illness or disablement	15
„ „ Parents suffering from temporary illness, mother's confinement, etc.	58
Children recommended by Doctor or Health Visitor for temporary help	21
„ of essential workers	1
„ living in bad housing conditions	5

TABLE 17.

	Number of Approved Places at 31st December, 1960.			Average No. on Register.		Average Daily Attendances.
	0-2 years.	2-5 years.	Total.	0-2 years.	2-5 years.	
Barnet, 53 Wood Street	20	50	70	8	22	33
Boreham Wood, Elstree Way	24	26	50	18	22	34
Bushey, London Road	30	50	80	13	30	34
Letchworth, 1 Norton Way North	20	30	50	5	14	16
St. Albans, Royal Road	20	20	40	14	25	32
Waltham Cross, 157 High Street	20	20	40	7	19	23
Watford, St. Albans Road (Beech- wood).	15	35	50	19	37	45
Welwyn Garden City, Woodhall Lane	20	20	40	10	25	28
	<u>169</u>	<u>251</u>	<u>420</u>	<u>94</u>	<u>194</u>	<u>254</u>

Nursery Students attend at both Day Nurseries and Nursery Schools for their two years training, spending also two days per week at Further Education Centres. The fact that this facility exists is of extreme value to girls leaving school, still too young to be accepted in hospitals, and enables them to follow forthwith an aspect of a career which seems of interest to them and which, if this opportunity was not offered, might not be followed a few years later. Indeed, many of the students after obtaining their National Nurseries Certificate, if they do not continue to look after children in either public or private establishments go on to hospitals and a normal nursing career. One need hardly mention the importance of this knowledge of children when they become parents themselves.

When Day Nurseries were being provided in great numbers during the early war years there was considerable apprehension over the possibility of epidemics with the grouping together of so many children of the ages susceptible to so many infections. Although there have been, from time to time, minor outbreaks of the commoner infections in the Nurseries in Hertfordshire, there have not been the widespread epidemics originally feared. However, at Watford during the latter half of the year and extending into 1961, there were a number of cases of infective jaundice among both children and staff.

OPHTHALMIC CLINICS, 1960

During the year 213 children under five were seen for the first time at the Eye Clinics and a further 316 children were seen for re-examination. The Ophthalmologist prescribed spectacles for fifty-three children.

THE MATERNITY AND CHILD WELFARE DENTAL SERVICE, 1960.

The demands upon the Maternity and Child Welfare Service have been greater this year with a consequent increase in the number of sessions given to the treatment of mothers and young children. The staff position varied little from 1959 and at the end of the year stood at seven full-time officers and twenty-six part-time officers whose total equivalent in terms of whole-time personnel was approximately fifteen-and-a-half officers. Changes of staff have been more frequent than in previous years with eleven resignations and thirteen new appointments. The resignations covered four whole-time officers and seven part-time officers, whilst new appointments consisted of three whole-time officers and ten part-time staff. In addition to the changes already mentioned, three of the part-time officers transferred to whole-time duties and conversely one full-time officer transferred to a part-time post. These vicissitudes of the staffing position are shared with the School Dental Service in

premises of joint use where the major portion of each Dental Officer's time is allocated to the treatment of school children.

New dental clinics were brought into use during the year at Buntingford and Stevenage, thus bringing the total of clinics at which treatment was available for mothers and young children to thirty-one. Dental treatment facilities were made possible at the Buntingford Clinic by an alteration to the existing Infant Welfare Centre which provided a small dental operating bay. The new Principal Clinic at Stevenage which is well sited in the New Town Centre was brought into use in November. The dental suite comprises two surgeries, one recovery room, and a dark room. Full X-ray facilities are available at the clinic and high-speed drill equipment has been installed.

During the past year, an encouraging interest has been shown by parents in the control of dental disease in their children's teeth. The National Federation of Women's Institutes have also shown a special concern in dental health matters and it may be of interest to Hertfordshire residents to know that a resolution on dental health which originated at the Much Hadham Evening Women's Institute was discussed in approximately 8,500 Women's Institutes in England and Wales and was finally passed at the Annual General Meeting of that body at the Albert Hall in June. The resolution was: "That this meeting urges that more widespread instruction on the prevention of decay, stressing the importance of diet, be given in ante-natal and post-natal clinics, schools, women's institutes, and other institutions." This exhortation from the National Federation of Women's Institutes coincided with the publication of some new and very good dental health education material in the form of charts, pamphlets, etc., by the Oral Hygiene Service. This was made available in amounts sufficient to enable all the Welfare Clinics to be supplied with posters for display purposes and with leaflets for distribution to mothers attending the clinics. It is hoped that the distribution of this material amongst the Welfare Clinics on a county-wide basis, in conjunction with a similar campaign amongst the maintained schools may go some way towards inculcating the rules governing oral health.

The time given to the priority classes has increased this year by 130 sessions. Whilst the number of expectant nursing mothers treated has varied little from the previous year, the amount and type of work carried out for them has shown some significant changes. Fillings and extractions have increased in approximately equal proportions and dentures have shown an expected rise from seventeen plates fitted in 1959 to forty-four plates fitted in 1960. It will be recalled that the supply of dentures to mothers was instituted in April of last year. It was therefore expected that the demands on this part of the Service would tend to rise when it became known that these facilities were available to mothers at the clinics. The larger proportion of the additional sessions undertaken this year was spent on pre-school children and as a result of which, 277 more cases received treatment with corresponding increases in fillings and extractions.

When considering the small progress that has been made, sight must not be lost of the fact that the Service was carried out with less than half of the established strength of dental officers.

Particulars of the work undertaken during the year are set out below :—

Expectant and Nursing Mothers.

Number of mothers examined	219
Number of mothers needing treatment	202
Number of mothers treated	170
Number of mothers made dentally fit	101
Number of attendances for treatment	590
Scaling and gum treatment	85
Fillings	379
Extractions	192
General anæsthetics	22
Dentures—full upper or lower	12
Dentures—partial upper or lower	32

Children, under 5.

Number of children examined	1,944
Number of children needing treatment	1,619
Number of children treated	1,423
Number of children made dentally fit	1,077
Number of attendances for treatment	3,349
Scaling and gum treatment	13
Fillings	1,846
Silver nitrate treatment	616
Extractions	1,176
General anæsthetics	660

CARE OF THE UNMARRIED MOTHER.

During 1960, 248 new cases were seen, an increase of nineteen over the previous year and eight-two more than in 1958—an indication that pregnancy before or outside marriage is certainly not on the decrease.

Of this 248, 151 were brought forward direct to the Almoner for investigation and help, and the remaining ninety-seven were referred by Diocesan or R.C. workers for financial support in Homes. Twenty-nine of these 151 new cases were women either married, divorced or widowed—a slightly higher proportion than in previous years. Of the remaining single girls and women, seventeen had a second illegitimate pregnancy, while six had their third, fourth or fifth but of these twenty-three multipara seven were from outside this country.

Those from outside Great Britain requiring help have been less numerous this year and only fourteen of a total of thirty-one needed active financial assistance. Seventy-five of the remaining 120 needed help which was provided in a variety of ways; fifty-one going to Mother and Baby Homes as the responsibility of the County Council though eight paid the full cost of their accommodation. Eleven others for whom vacancies were found remained in the end in their own homes. The use of the Moral Welfare Home at Streatley has been invaluable for those who would not be acceptable elsewhere and also for the emergency cases from hospital and for those girls who can remain in their own homes in pregnancy but need post-natal accommodation.

The girls dealt with have been a typical cross section of present day society and come from a wide variety of homes and of different social status, e.g. grammar school girls, secretaries, typists, nurses, university students, factory and domestic workers.

In addition to the new cases sixty-two girls still continued to be dealt with in various ways from previous years.

CHILD GUIDANCE SERVICE.

The Minister asked for information on the progress that has been made in arranging for members of the child guidance team to advise the medical and nursing staff of Child Welfare Clinics on such problems of subnormal development and behaviour difficulties as they may encounter in their regular contacts with mothers and young children. The Child Guidance Service in this County is run under the aegis of the Hospital Management Committee and one of the considerations which led the Education Committee and subsequently the Health Committee to agree to try the experiment of running a directly controlled Child Guidance Service at Stevenage was that then they could more easily arrange for Members of the Child Guidance team to advise the medical and nursing staff in the town on these problems. There would too be the opportunity of closer liaison with the Family Welfare Organization which has recently been established at Stevenage. Unfortunately, the ban on additional Psychiatrists' time in the London area is likely to delay this experiment.

We are grateful to the Child Guidance Service for their help with the Child Development Clinic at Welwyn Garden City and Dr. Taylor's report reads as follows :—

The Clinic continues to give most valuable service in the town, maintaining its emphasis on behaviour problems in the very young children, with the preventive outlook in which Mrs. Baker has always been such an ardent believe.

During the year Mrs. Baker fortunately found time to give a short series of addresses to the Health Visitors on some of the problems brought to her at the Child Development Clinic, and these were I know, greatly appreciated by the Health Visitors as well as stimulating their interest in this aspect of their work. The number of new cases referred to the Clinic during the year has been a little less than in previous years, probably because the Health Visitors are now becoming more informed in mental health work, and under Mrs. Baker's guidance are showing more initiative in dealing with some of these problems on their own in consultations at the Child Welfare Clinics. On the other hand, the total number of interviews during the year has increased, which indicates that Mrs. Baker has been continuing treatment and supervision a little longer in some of the cases referred to her this year. As before, the majority of mothers are referred by the Health Visitors and A.C.M.O.'s, while it is pleasing to see that the medical practitioners still occasionally call on Mrs. Baker's services for problems arising in their practice.

Mrs. Baker's report reads :—

This has been a year of steady working relationship between the Maternity and Child Welfare Clinics and the Child Development Clinic. While the number of cases referred has been lower, the total number of interviews given has shown a considerable increase. This would seem to point to a better and more discriminating selection of children referred.

Health Visitors are the chief source of referral and during the course of attendance an endeavour is made to keep in touch from time to time and to hand back when it seems appropriate. The group discussions on emotional development and family relationships with the Health Visitors started last year, continued well into the summer and appear to have been useful.

The Clinic is primarily educative and preventive in its aims. Mothers particularly ask for help when the child shows self-assertion in the early toddler stages. Whatever the presenting symptoms—temper, feeding, and sleeping difficulties and so on, they are but symptoms commonly found in children under five. If persisting, however, undue strains are put on the relationship, with anxiety and frequent impeding of emotional growth in the child. Since school is not far ahead, it is important that this situation be improved. Emotional retardation will affect not only the child's social relationships and happiness but school life generally will be harder and learning may be affected also.

It would appear that group discussions with parents might serve some useful purpose, particularly in widening understanding of behaviour in young children. Such discussions, however, would need to supplement, not take the place of individual interviews in the Child Development Clinic. These seem essential to the process of adjusting the relationship of a particular mother and child temporarily out of step.

In conclusion :—Most children who come to the clinic are healthy and normal children. Their difficulties in growing up are a sign that they are trying to emancipate themselves from the dependent role. In a robust character this is almost inevitable, though not always appreciated or understood.

Number of cases—Old	.	.	.	.	.	20
New	.	.	.	.	.	25
						—
						45
						—
Total number of interviews (including nine after care)	.	.	.	.	.	305

Presenting Symptoms.

Antagonistic and aggressive behaviour	12
Tempers	9
Sleep disturbances	6
Enuresis	2
Bowel difficulties	4
Feeding difficulties	2
Habit disorder (nail biting, etc.)	5
Parental outlook faulty (poor relationship with mother—no particular symptom)	3
Speech difficulties	1
Backwardness	1
	<hr/>
	45
	<hr/>

Source of Referral.

Health Visitors	36
A.C.M.O.	5
General Practitioners	4
	<hr/>
	45
	<hr/>

Discharges.

Improved	16
Lapsed attendances	3
Refused follow-up	5
Referred to Child Guidance Clinic	4
Discharged but may need Child Guidance later	1
Discharged but transferred to Health Visitor .	1
Family moved	1
	<hr/>
	31
Current cases	14
	<hr/>
	45
	<hr/>

DOMICILIARY NURSING SERVICES.

Nursing Staff at 31st December, 1960.

	<i>Whole- time.</i>	<i>Part- time.</i>
Administrative and Supervising	9	—
Health Visiting and School Nursing	96	5
Health Visitor/School Nurse/Midwife/Home N. .	32	—
Midwifery and Home Nursing	77	2
*Midwifery	24	—
Home Nursing	38	26
Tuberculosis visiting	10	—
Clinic Nurses	1	29
Student Home Nurses	5	—
*Pupil Midwives	47	—
Vacancies	20	—

* Includes seven full-time midwives and fourteen pupil midwives employed in the Watford area by the West Herts Hospital Management Committee as agents of the Local Health Authority.

Two members of the Domiciliary Nursing Service were awarded the Queen's Long Service Medal for twenty-one years' service as a Queen's Nursing Sister.

		<i>Service with Herts County Council.</i>	
		<i>years</i>	<i>months</i>
Miss M. Gilbert	. .	21	4
Miss D. M. Pyle	. .	16	—

Students.

At the request of various training organizations arrangements were made for students taking post-qualification social studies, nursing administration, health visitors, and district training courses, to spend from three days to a fortnight seeing the methods of administration and field work in this County.

Thirty-three students spent 149 days in Hertfordshire.

In addition, students who are undertaking general nurse training in the following hospitals :—Barnet ; Edgware General ; Peace Memorial, Watford ; Lister, Hitchin ; St. Albans City ; Hertford County ; Herts and Essex, Bishop's Stortford ; and West Herts., Hemel Hempstead — are given experience of the work of nurses, midwives, and health visitors for approximately two days.

Nurses' Homes.

The Home at St. Albans was closed on 30th November, 1960, though one of the houses, having been converted into self-contained flats, continues to house some of the staff. Only one Home now remains in this County—the Training Home at Watford. On the closing of the St. Albans Home, the Superintendent, who had held the post for twenty-one years, was absorbed into the staff in a specialized field for the care of the elderly.

Staff Shortage.

The domiciliary nursing staff is at no time up to full strength and at the end of 1960, though the health visiting-school nursing staff was eight under strength, and a vacancy for a tuberculosis visitor had existed for more than a year, the midwifery staffing position was still the cause of great concern. It was more satisfactory than at the 21st November, 1960, when I reported to the Health Committee on the serious shortage of midwives. On the 31st December, eight home nurse-midwives were needed immediately. At the time of writing this report there are ten vacancies for nurse-midwives. One looked to the scholarship candidates to fill these vacancies since recruitment in the open market seemed to yield nothing.

An attempt has been made to increase off-duty for nurses and midwives but it is not possible to initiate and maintain a weekly off-duty period of two days and three nights until staff is more plentiful. To allow off-duty to this extent at least one more nurse/midwife would be needed to a group of four, or about forty to fifty more staff.

SECTION 23.—MIDWIFERY.

As will be seen from the following table, the County Council Midwives attended 6,213 confinements, 597 of which were Watford domiciliary midwives' cases. In addition, 38 cases were attended by private midwives. All these figures relate to confinements attributable to Hertfordshire.

TABLE 18.
CONFINEMENTS OF HERTFORDSHIRE RESIDENTS.

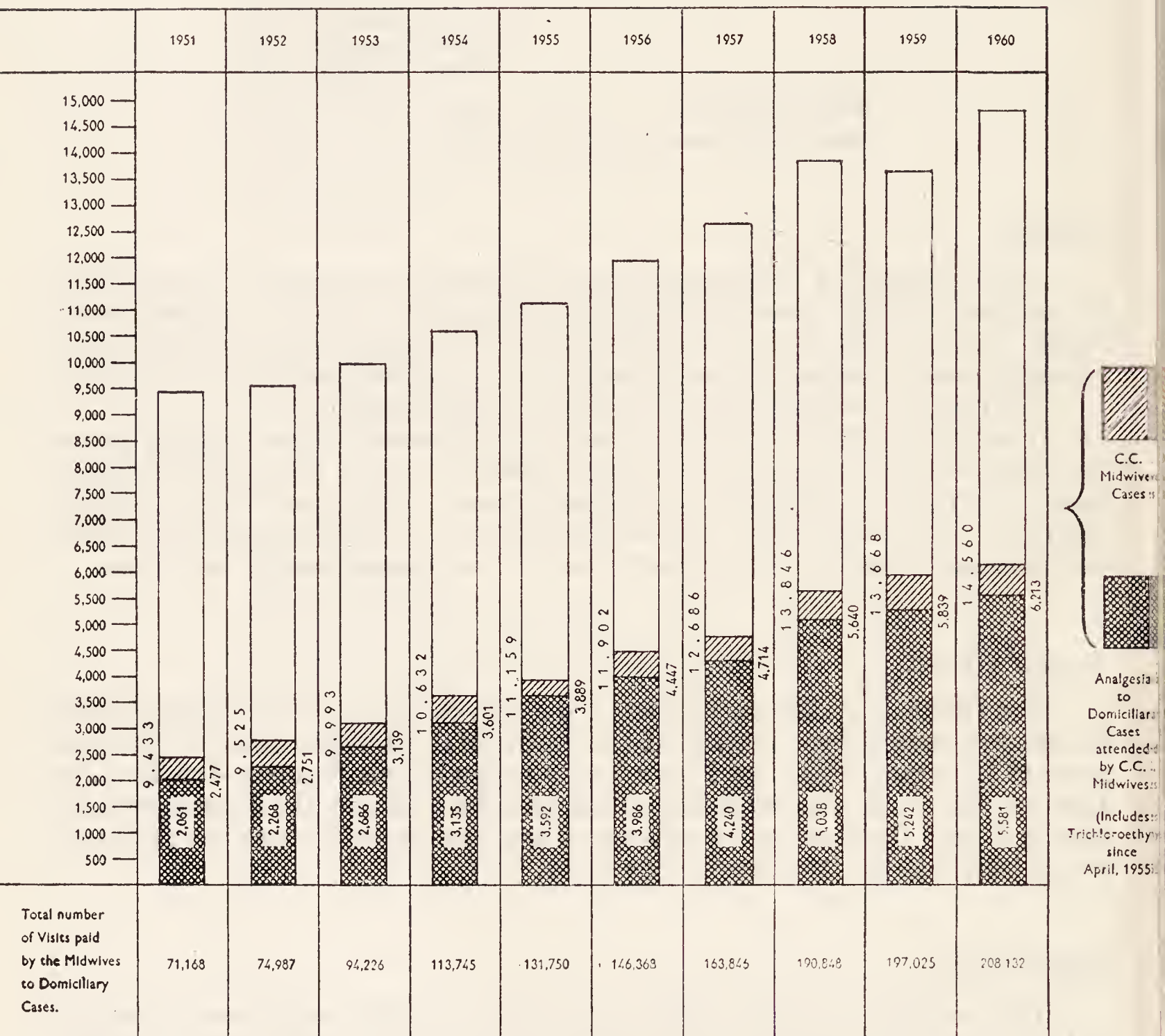


TABLE 19.
CASES DISCHARGED FROM HOSPITAL INTO DISTRICT MIDWIVES CARE.

	Hospital and Nursing Homes Confinements of Herts Mothers.	Early Discharges from Hospital.	Total visits by District Midwives.
1956 . .	7,418	1,578	6,386
1957 . .	7,934	2,553	10,707
1958 . .	8,159	3,559	17,234
1959 . .	7,799	3,541	18,337
1960 . .	8,315	3,292	17,836

Figures in the above table show an increase in confinements in hospitals and nursing homes, though a decrease in early discharges. Further reference is made to this under the heading of Central Midwives Board Rules. (see page 26)

The number of confinements of Herts residents in the New Towns and other expanding areas, as listed below, accounts for 6,219 of the total of 14,560 or 42·7 per cent. Corresponding figures for home confinements are 2,841–6,213, and 45·7 per cent.

		1960	1960 % Domiciliary.	1959 % Domiciliary.	1954 % Domiciliary.
<i>Boreham Wood and Elstree</i>	Total . . .	488			
	Domiciliary . . .	225	46·1	44·6	44·5
<i>Cheshunt Urban District</i>	Total . . .	694			
	Domiciliary . . .	295	42·5	45·9	45·5
<i>Hatfield</i>	Total . . .	449			
	Domiciliary . . .	159	35·4	38·0	26·0
<i>Hemel Hempstead</i>	Total . . .	1,182			
	Domiciliary . . .	579	49·0	50·5	38·3
<i>Stevenage</i>	Total . . .	1,131			
	Domiciliary . . .	683	60·4	64·3	51·2
<i>Watford and Oxhey</i>	Total . . .	1,518			
	Domiciliary . . .	593	39·0	30·0	35·9
<i>Welwyn Garden City</i>	Total . . .	757			
	Domiciliary . . .	307	40·6	41·0	26·0

Analgesia in Domiciliary Midwifery.

TABLE 20.
USE OF INHALATION ANALGESICS IN DOMICILIARY PRACTICE.

Number of domiciliary midwives, (a) practising in the area at end of year, (b) qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (a) (b)		Number of domiciliary confinements attended by midwives :—		Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in domiciliary practice during the year :—			
		When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child			When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child	
						Gas and air	“Tri-lene”	Gas and air	“Tri-lene”
* 150	145	1,312	4,939	148	8	1,106	89	4,104	306

* *Note.*—Five of the fifteen midwives employed in private practice were not trained in gas and air analgesia.

Dangerous Drugs Regulations, 1954.

The following table shows the percentage of patients who were given Pethidine during labour :—

	1953.	1954.	1955.	1956.	1957.	1958.	1959.	1960.
H.C.C. domiciliary midwives . . .	38·5	39·0	49·7	46·9	46·6	53·5	55·8	56·0
H.M.C. domiciliary midwives . . .	19·8	35·4	29·2	32·0	38·0	28·0	19·6	38·4
Private domiciliary midwives . . .	30·6	33·3	29·8	40·5	52·6	66·0	60·0	60·5

NOTE.—It will be seen by reference to Table 18 that out of 6,213 cases attended by H.C.C. domiciliary midwives 5,581 cases or 89·8 per cent were given analgesia in some form.

Postgraduate Courses.

In accordance with statutory regulations members of the staff attended postgraduate courses. Two divisional Nursing Officers attended the Supervisor of Midwives course in London and ten domiciliary midwives attended a week's course at a residential school.

Staff and Training of Pupil Midwives.

At the end of the year the number of domiciliary midwives employed was 135, representing the equivalent of 66·04, including seven full-time midwives employed by the West Herts Hospital Management Committee. Corresponding figures for 1959—139, 64·9, and 6·5.

One-hundred and thirteen pupil midwives completed three months' district training in various parts of the County, excluding Watford. An average

of thirty-one midwives shared the responsibility for training and were paid the district midwives training allowance of £30 per annum. Training areas—Hemel Hempstead, Hertford, Hoddesdon, Broxbourne, Cheshunt, Barnet, Boreham Wood, St. Albans, Hatfield, Welwyn Garden City, Hitchin, Letchworth, Stevenage, Baldock, and Croxley Green.

In addition, fifty-three pupils had their district training at Watford.

General Practitioners' Ante and Post Natal Clinics.

The domiciliary midwives continue to attend these clinics at General Practitioners' surgeries. Number of visits by patients seen at sessions at which midwives attended numbered :—

Ante-natal . . .	13,853
Post-natal . . .	714

Home Conditions Reports for Hospitals.

At the request of hospitals, 1,112 reports on home conditions were made by midwives in respect of applications for hospital maternity beds. The extent to which various hospitals in the County call for reports on requests for beds on social grounds is reflected in the following figures :—

<i>Division.</i>	<i>Number of reports.</i>	<i>Number of Herts mothers confined in hospital.</i>
Dacorum . . .	51	903
East . . .	289	1,188
North . . .	306	1,125
St. Albans . . .	119	1,458
South . . .	11	669
South-West . . .	331	1,584
Welwyn . . .	5	987

Central Midwives Board Rules.

In June revised regulations were introduced, the main points being :—

(a) The “lying-in period” defined as a minimum of ten instead of fourteen days.

(b) To stress the need for taking and recording of blood tests.

(c) Discontinuation of the term “maternity nurse” with the effect that all practising midwives must now attend approved refresher courses once every five years at least.

(d) Notification to Local Health Authority of all cases where artificial feeding introduced no longer necessary.

The effect of (a) is probably shown in table 19 on cases discharged from hospital into the care of domiciliary midwives. It will be noted that in 1960 there were 3,292 cases as compared with 3,541 in 1959, though the total number of Hertfordshire residents confined in hospitals and nursing homes was 8,315 in 1960, and 7,799 in 1959.

Ophthalmia Neonatorum.

Six cases were notified during the year, three being home confinements. None of the children had vision impaired and all were considered to be satisfactory at the end of the year.

Ambulance Service—Emergency Child Birth.

The Ambulance Officer reports that seven births including one still-birth, took place in ambulances, the same number as last year. Ambulance men only

were present in five of the cases which occurred in ambulances from stations as listed :—

<i>Station.</i>					
Boreham Wood	.	.	.	.	1
St. Albans	.	.	.	.	2
Watford	.	.	.	.	1
Bishop's Stortford	.	.	.	.	1
Harpenden	.	.	.	.	1
Welwyn Garden City	.	.	.	.	1
					<hr/> 7

Members of a hospital staff were present in one of the two remaining cases and a midwife in the other.

There were twenty-six deliveries in the homes of patients booked for hospital confinement, either before or after the arrival of the ambulance :—

<i>Station.</i>					
Hertford	.	.	.	.	1
Cheshunt	.	.	.	.	1
Bishop's Stortford	.	.	.	.	1
Welwyn Garden City	.	.	.	.	2
St. Albans	.	.	.	.	4
Watford	.	.	.	.	9
Hemel Hempstead	.	.	.	.	3
Boreham Wood	.	.	.	.	1
Harpenden	.	.	.	.	1
Garston	.	.	.	.	1
East Barnet	.	.	.	.	2
					<hr/> 26

In twenty-two of the above cases, including three still-born births, ambulance men were present. In every case either a doctor or a midwife was in attendance.

Number of births for which ambulance crews were able to secure the assistance of :—

(a) A doctor	.	(i) before birth	4
		(ii) after birth	5
(b) A midwife	.	(i) before birth	5
		(ii) after birth	20

Of the four still-births, one was born in a w.c., one was mal-formed and not fully developed, another was three months premature, and the fourth case was one where it was anticipated that the birth would be complicated. It will, therefore, be seen that these still-births were unavoidable with the exception of one where the baby might have lived if the ambulance had been sent for earlier.

Mention should be made of one birth which occurred in a receptacle and owing to the promptness of the ambulance attendant in applying artificial respiration the baby lived.

The number of maternity cases conveyed by the Brigade during the period 1st January, 1960, to 31st December, 1960, totalled 3,810.

From July, 1948, to 31st December, 1960, there were 100 births in ambulances.

SECTION 24.—HEALTH VISITING.

The number of staff employed on health visiting work, including ten Tuberculosis Health Visitors, at 31st December, 1960, was 143, representing 74·22 full-time Health Visitors as compared with 140 representing 79·8 full-time Health Visitors at the end of 1959. These officers are also engaged on School Nursing work. In addition, one full-time and twenty-nine part-time

Clinic Nurses assist the Health Visitors. Twelve students completed the Health Visitors training under scholarship (three as part of the combined Queen's Nurse/Health Visitor training). Twelve started Health Visitors training (three as part of the combined course).

Health Visitors paid 212,195 home visits to expectant mothers, children 0-5 years of age, the aged and chronic sick, and for miscellaneous reasons, including inquiries about the issue of equipment supplied through the medical loan scheme. 62,634 children under five years of age were visited in 1960, as compared with 56,658 in 1959 and 55,032 in 1958. Of the 62,634, the number of children visited under one year of age was 15,725, being 1,233 more than the number of live births notified as Hertfordshire residents at the time of birth. The movement into New Towns continues and accounts for the difference.

"No access" visits numbered 29,540 as compared with 27,205 in 1959.

TABLE 21.

HEALTH VISITORS ATTENDANCES AT CLINIC SESSIONS AND INSTRUCTIONAL CLASSES.

	1960.	1959.
Child Welfare Centres	9,298	8,826
Ante and Post Natal Clinics	305	343
Tuberculosis Clinics	5	5
B.C.G. vaccination sessions	161	150
Small pox vaccination sessions	11	3
Diphtheria immunization sessions	202	194
Poliomyelitis vaccination sessions	521	1,102
Mothers' Clubs and instructional classes	515	496
Day Nursery medical inspections	53	58
	<hr/> 11,071	<hr/> 11,177

Attendances at meetings, case consultations, lectures, etc.

	1960.	1959.
Aged—meetings	227	97
Mental Health—case consultations	477	517
Others—problem families case discussions, lectures, H.V.'s meetings, etc.	1,148	937

The Health Visitors are now giving quite a number of talks to further health education and the increase in this work is shown under the heading of attendances at meetings, etc. In addition to attending as speakers at meetings of the many well known Women's organizations, cadets of the Order of St. John, and British Red Cross, lectures have been given to civil defence personnel and girls in senior schools. The subjects most frequently requested were "Safety in the Home", "Emergency Midwifery," and "Mental Health," and aspects of "Child Care" were also popular.

Refresher Courses.

During the year one Divisional Nursing Officer attended a week's refresher course arranged by the Royal College of Nursing for Nurse Administrators in the Public Health field. Three Health Visitors attended refresher courses and on the 28th December, five others started on a two-week course in London.

Mental Health.

The series of twenty talks and visits on mental health were continued at Napsbury Hospital, St. Albans, and two further groups were arranged; twenty

Health Visitors attended each course. Since this special course was started in July, 1958, eighty-two Health Visitors and Nursing Officers have attended a complete course and the arrangement continues.

Reference was made in my last year's report to the special role which Health Visitors can play in the rapidly developing service needed for the prevention and care of mental illness. In 1960, Health Visitors attended 477 case consultations and recorded 2,271 home visits to 446 cases of mild mental disorder of mothers and old people.

Since 1st October 1960 Health Visitors throughout the County have had the help and guidance of Miss M. E. Gurney, part-time Psychotherapist to the Herts County Council. The Health Visitors have had the opportunity of meeting Miss Gurney at regular intervals, either in small groups or individually, for special case discussion. This arrangement is most helpful to the Health Visitors.

The special arrangement has continued in Welwyn Garden City, where Health Visitors have regular sessions for discussing with Psychiatrists from Hill End Hospital, patients with whom they are acquainted in the course of their home visiting. Many of these families and individuals have recognizable social problems, caused perhaps by the inherent instability of father or mother, for some time before a breakdown becomes imminent. Before or after childbirth is a common time for a mother "to crack" and in some cases the co-operation of midwife and Health Visitor has been needed in addition to that of the General Practitioner.

The co-operation between the team and General Practitioners has been very good.

With this special work the Health Visitor is mainly interested in families where there are young children. The help which the Health Visitor has received from the in-service training project has made her more alert to the early signs of mental illness and more aware of the correct timing as to when advice should be sought from her more specialized colleagues in the field of mental health.

A full report of the part played by the Health Visitors will be found in the Mental Health Section of the report (pages 65 to 68).

Phenylketonuria.

This disease affects the brain at a very early age and if left untreated results in brain damage. A simple test of urine can be done by putting a specially prepared test stick in a urine specimen or on a wet "nappy", preferably when a child is four to six weeks old. Generally this can best be done by a Health Visitor during a home visit. On confirmation of the diagnosis dietary treatment can be started at once with the object of preventing the mental deterioration that is otherwise inevitable. The special diet for a child suffering from phenylketonuria can be obtained on prescription. The cost is in the region of £250 a year.

A scheme of routine testing for Phenylketonuria was brought into operation in the County on the 1st October, 1960. From that date all children who were six weeks of age were included in the scheme, together with any other special cases which the Medical Officer or Health Visitor thought should be included. During the three months period October to December, 1960, the Health Visitors carried out 2,680 tests representing 72·6 per cent of the number of live births for the period.

The routine testing has not so far resulted in the discovery of any cases but one case was found in the course of mental assessment and a second discovered in the same family. Both are now having treatment.

The Paediatricians throughout the County accept for further testing cases where the initial test gives a positive reaction. On confirmation of the diagnosis, treatment is arranged.

SECTION 25.—HOME NURSING.

At the end of the year 173 nurses were employed on home nursing duties, representing an equivalent of 110·64 whole-time staff.

Number of Staff Engaged.

	1960.	1959.
Whole-time staff engaged solely on home nursing	38	29
Part-time staff engaged solely on home nursing	26	32
Home nursing and midwifery	77	83
Home nursing midwifery, health visiting, and school nursing	32	35
	<u>173</u>	<u>179</u>

District Training.

During 1960 fifteen students completed a Queen's Nurse district training course under a Hertfordshire scholarship. Thirteen trained at the Watford Home and two at various London Training Homes. Twenty-six Queen's Nurse trainees (ten from other Queen's Training Homes) were placed with Nurses in rural areas in Hertfordshire for three days' experience of work in country districts.

TABLE No. 22.

HOME NURSING.

	1956	1957	1958	1959	1960
Total cases	17,255	15,497	14,960	14,032	12,881
Total visits	292,788	296,691	283,514	270,404	262,179
Analysis of visits (per cent to total)—	%	%	%	%	%
Medical	81·1	81·1	80·5	80·6	79·6
Surgical	14·0	13·29	14·4	15·4	16·5
Infectious disease	0·2	0·1	0·13	0·17	0·11
Tuberculosis	3·6	4·4	3·8	3·0	2·0
Maternal complications	0·3	0·3	0·27	0·25	0·2
Others	0·8	0·9	0·9	0·57	0·5
Visits to patients over 65 years of age	60·9	61·9	60·9	64·4	64·4
Visits to patients under 5 years of age	1·4	1·1	1·2	1·3	1·3

TABLE No. 23.

TYPE OF CASES AND VISITS PAID BY HOME NURSES.

	1960							1959
	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal complications	Others	Totals	Totals
Cases .	9,458	2,051	17	240	89	1,026	12,881	14,032
Visits .	208,821	43,378	301	7,792	531	1,356	262,179	270,404

Since 1956, the population of the County has increased by approximately 91,000, though the number of cases attended and the visits made by Home Nurses has continued to decrease. The influx of population into the County

has made little demand on the Home Nursing Service and the new residents are mainly young people who make few calls on Home Nurses. It will be noted from the above table that in 1960, there were 1,151 fewer cases and 8,225 fewer visits than in 1959. The decrease on the corresponding figures for 1956 being 4,374 cases and 30,609 visits being mainly in the patients attended as medical cases and as tuberculosis cases.

Refresher Course.

One Home Nurse attended a week's refresher course arranged by the Queen's Institute of District Nursing.

SECTION 26.—VACCINATION AND IMMUNIZATION.

TABLE 24.

	At Clinics	By Private Doctors	Total
<i>Smallpox Vaccinations—</i>			
Primary	4,612	5,906	10,518
Re-vacs.	52	1,281	1,333
	4,664	7,187	11,851
<i>Diphtheria Immunizations—</i>			
Primary	5,334	798	6,132
Boosters	5,904	1,439	7,343
	11,238	2,237	13,475
<i>Whooping Cough Immunizations—</i>			
Primary	4,546	401	4,947
Boosters	81	59	140
	4,627	460	5,087
<i>Combined Diphtheria/Whooping Cough/Tetanus Immunizations—</i>			
Primary	3,052	6,110	9,162
Boosters	215	1,871	2,086
	3,267	7,981	11,248

DIPHTHERIA IMMUNIZATION.

Year.	Number of Children who completed a Full Course of Primary Immunization.		Number given a Reinforcing Injection.
	Under 5 years of age.	Over 5 years of age.	
1950	6,319	1,037	1,610
1951	7,527	1,015	8,102
1952	6,796	856	8,402
1953	6,560	945	8,117
1954	8,835	901	8,093
1955	6,781	815	5,671
1956	10,768	846	7,338
1957	9,646	661	5,548
1958	10,383	631	6,254
1959	11,106	501	6,697
1960	14,467	830	9,427

TABLE 25.

SMALLPOX VACCINATIONS.

Year	Vaccinations			No. of Live births during year	Vaccinations under one year of age	Percentage vaccinated under one year of age
	Primary	Revaccinations	Total			
1950	4,562	1,128	6,299	9,085	3,434	37·8
1951	5,728	3,004	8,732	9,225	3,924	42·5
1952	5,204	1,772	6,976	9,341	3,979	42·6
1953	5,275	1,323	6,598	9,811	4,330	44·2
1954	5,992	855	6,847	10,424	4,827	46·3
1955	6,103	825	6,928	10,874	5,163	47·5
1956	7,371	1,023	8,394	11,792	6,316	53·6
1957	9,558	1,760	11,318	12,538	7,284	58·1
1958	9,781	1,116	10,897	13,618	8,492	62·4
1959	10,281	1,098	11,379	13,850	8,914	64·4
1960	10,518	1,333	11,851	14,614	8,827	60·4

TABLE 26.

POLIOMYELITIS—CASES AND DEATHS.

Year	Population	Confirmed cases		Deaths
		Number	Rate per 1,000 population	
1947	570,719	118	0·21	14*
1948	587,800	23	0·05	5*
1949	596,010	116	0·19	19*
1950	606,640	77	0·13	10
1951	618,700	19	0·03	—
1952	633,700	74	0·12	4
1953	651,500	57	0·09	5
1954	671,700	25	0·04	4
1955	692,000	130	0·19	4
1956	715,000	42	0·06	1
1957	739,800	149	0·20	10
1958	761,200	20	0·03	—
1959	784,000	23	0·03	3
1960	806,040	3	0·003	—

* For the years 1947–49 the number comprises deaths from Poliomyelitis and Polio-Encephalitis.

TABLE 27.

POLIOMYELITIS VACCINATIONS.

	Number vaccinated :		
	By L.H.A.	By G.Ps.	Total.
<i>Initial vaccination of 2 injections.</i>			
April, 1956, to December, 1959	167,948	63,369	231,317
Year, 1960	28,336	30,763	59,099
Total, April, 1956, to December, 1960	196,284	94,132	290,416
<i>Third injection.</i>			
September, 1958, to December, 1959	115,332	28,948	144,280
Year, 1960	44,616	43,286	87,902
Total, September, 1958, to December, 1960	159,948	72,234	232,182

TABLE 28.
POLIOMYELITIS VACCINATIONS—DIVISIONAL FIGURES.

Poliomyelitis vaccination Two injections given	Divisions. May, 1956, to 31st December, 1960						County Total at 31.12.1960	County Total at 31.12.1959
	Dacorum	East	South	North	St. Albans	S. West	Welwyn	
Children born in the years 1943–1960	23,822	30,219	13,520	29,467	33,281	39,873	20,620	174,019
Young persons born in the years 1933–1942	6,060	8,540	3,698	8,089	6,521	11,851	8,630	45,999
Persons born before 1933 and who have not passed their 40th birthday	4,958	5,674	2,178	5,276	4,270	7,282	4,281	—
Expectant mothers up to 31.12.1959 only	2,073	1,834	710	1,091	1,139	1,992	1,019	9,858
Special groups and others over 40—or age not known	175	682	295	403	354	451	88	1,441
Total	37,088	46,949	20,401	44,326	45,565	61,449	34,638	231,317
Number of persons given three injections (all groups), September, 1958–31st December, 1960	30,579	39,124	16,863	37,016	32,881	49,269	26,450	114,280

The above figures do not show all vaccinations done at hospitals as they draw bulk supplies of vaccine for their own staff and families, but they have the option of attending through the County scheme at Clinics or general practitioners' surgeries.

Although the year 1960 might have seemed to have been dominated from this aspect by the extension once again of the age range of poliomyelitis vaccination, the ordinary immunization and vaccination of the young children against whooping cough and diphtheria continued at its usual high level. Impetus was however given to it during the year by the agreement to the use of multiple antigens, a facility which had been in abeyance in the County Council Clinics since the greater incidence of poliomyelitis a few years earlier and the issue of evidence which appeared to show a connection between the localization of paralysis in the limbs and a previous injection.

Guidance on this matter had been expected from the Ministry of Health as the result of a Working Party's consideration of the whole subject but as this was delayed and the incidence of poliomyelitis low, it was decided to return to the use of combined antigens in an endeavour to obtain an even greater percentage of children inoculated when only three injections were needed instead of the alternative five with the separate antigens.

Unless a high level of immunization against diphtheria is maintained and, indeed, improved upon, in a community which has had only a few cases of this disease over two decades, one cannot be sure that there may not be local outbreaks in Hertfordshire in the next few years.

The medical and nursing staffs make every endeavour in their contact with parents of young children to impress upon them the importance of these preventive injections against diphtheria and whooping cough and the vaccination against smallpox. It is pleasant to record in Table 24 the great number of children who did receive this protection during 1960.

Poliomyelitis vaccine is not given to children under the age of six months but parents are afforded the same facilities at the Health Centres for the vaccination of their children over that age with this vaccine as for the other protective injections.

Tetanus toxoid is included in the triple antigens given in the first year of a child's life and is also given with the booster doses of diphtheria immunizing material at this school entrant period.

Children from thirteen years of age upwards are offered a skin test for tuberculosis and vaccinated with the B.C.G. vaccine if negative to the test. If they are positive to the test, they have already obtained some protection against the disease as they have been growing up and, if negative, vaccine will give them this protection for several years to come.

Although the poliomyelitis vaccine was still being given to those under twenty-five years of age who had not already had the three injections then thought necessary, the Ministry in February extended the age for this vaccination to all under forty years. "Open" sessions were, therefore, again held during the evenings and on Saturdays at Health Centres throughout the County with in addition the use of the Mobile Welfare Centre at convenient central positions in Hatfield, Welwyn Garden City, and Hoddesdon. Table 28 shows the numbers dealt with. It will be seen that General Practitioners, as could be expected with the older age groups, injected a considerably greater proportion than hitherto. During 1960 they gave approximately 50 per cent of the injections and, indeed, have given fully a third of them all since the beginning of the poliomyelitis vaccination scheme. It is unfortunate, however, that it has not been possible to achieve as high a percentage of protected persons among the older age groups as was the case with the youngsters. Even the death of a public personality merely led to a temporary increase in first injections.

At the time of going to print with this Report it has been learned that a fourth injection has been authorized to be given not earlier than a year after the third to children aged 5-11 years inclusive.

SECTION 27.—AMBULANCE SERVICE.

There has been a further substantial increase in the demands on the Ambulance Service as compared with last year. Although the actual increase in the number of patients carried was 10,600, this figure would have been much higher had the Service continued to transport sub-normal children from the Stevenage, Letchworth, and Hitchin areas to the Occupation Centre at Hitchin. As a result of the increasing demands on the Service it was found necessary to arrange for the bulk of this type of work to be undertaken by private contractors and these arrangements came into operation in April, 1960.

It is considered that the increase in the number of patients carried, principally removals, is due to the progressive rise in the County's population and the fact that additional facilities have been made available at certain hospitals which has resulted in a larger number of out-patient attendances.

The graph on page 37 shows the trend in the demands on the Service during the past five years.

There has been a slight increase in the number of emergency cases. Of these, accident cases have decreased slightly, whilst sudden illness and maternity cases have increased. (Table 29 shows the total number of emergency cases carried during the past ten years.) Details of the patients conveyed each month during 1959 and 1960 are shown in Table 31.

TABLE 29.

	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.	1960.
Accidents . .	3,960	4,236	4,574	4,855	5,448	5,659	6,232	6,760	6,988	6,840
Sudden Illness . .	2,584	2,387	1,930	1,659	1,766	1,795	2,150	1,915	1,916	1,995
Maternity . .	3,691	3,784	3,654	3,788	3,915	3,820	4,029	3,893	3,567	3,810
Total . .	10,235	10,407	10,158	10,302	11,129	11,274	12,411	12,568	12,471	12,645

During 1959 the number of patients carried by the directly provided service showed a decrease of 0·25 per cent over the previous year and a decrease in mileage of 2·20 per cent. In 1960 the number of patients carried shows an increase of 4·48 per cent with an increase in mileage of 4·40 per cent.

The following table shows the number of patients carried and the mileage involved in respect of the directly provided service, Hospital Car Service, and the isolation ambulances for the years 1959 and 1960 (Table 30).

TABLE 30.

	1959	1960	Increase or Decrease	
<i>Patients.</i>				
Directly Provided Service	239,756	250,507	Increase	10,751
Hospital Car Service	25,355	25,248	Decrease	107
Isolation Ambulances	682	638	Decrease	44
<i>Mileage.</i>				
Directly Provided Service	1,493,382	1,559,146	Increase	65,764
Hospital Car Service	446,723	453,660	Increase	6,937
Isolation Ambulances	2,596	2,608	Increase	12

The directly provided service shows a reduction in the average number of miles per patient from 6·23 to 6·22 and an increase in the average number of patients per journey from 3·68 to 3·85.

TABLE 31.

DETAILS OF PATIENTS CONVEYED EACH MONTH.

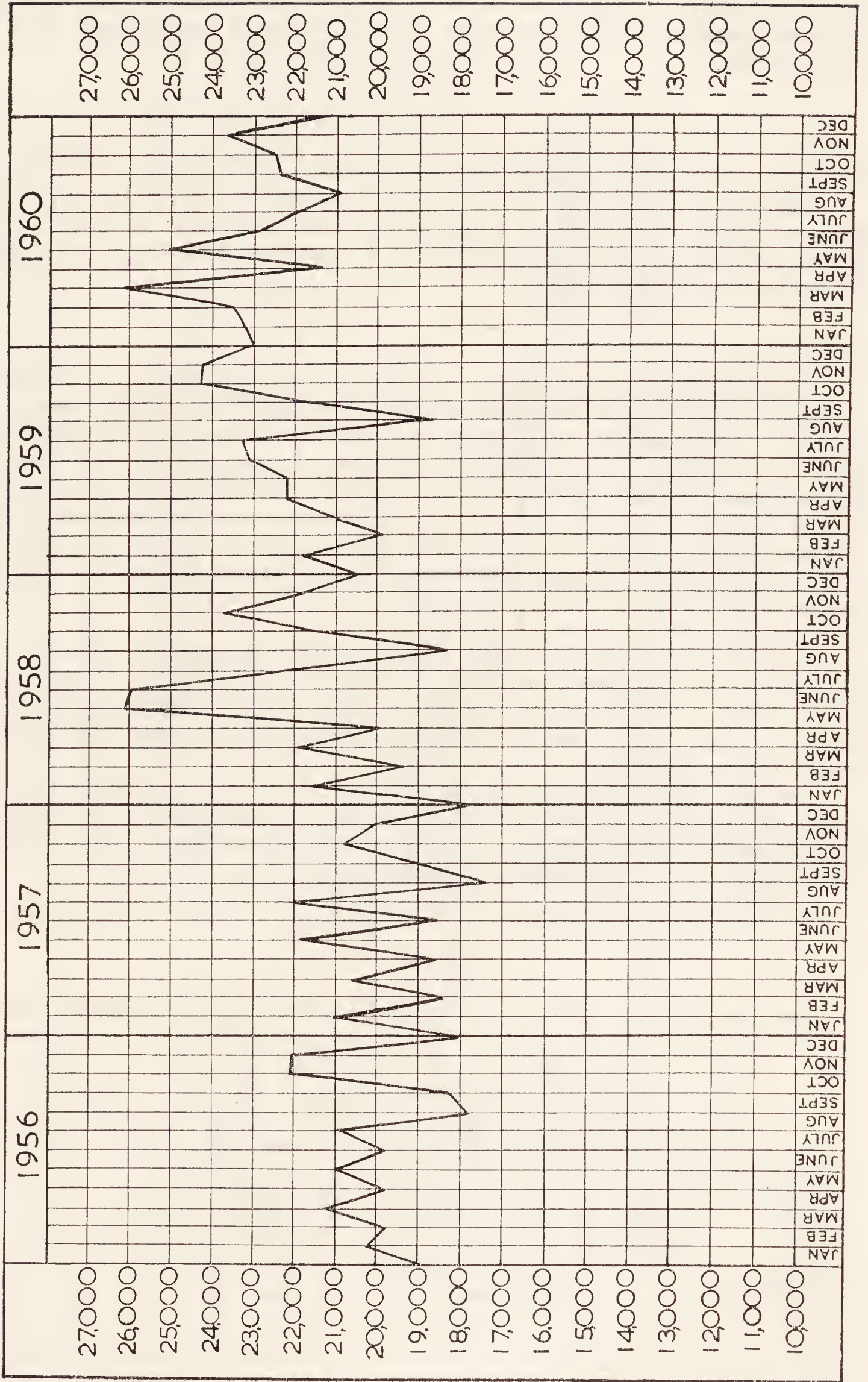
1959.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents	587	414	452	521	620	610	679	651	610	638	582	624	6,988
Sudden Illness	164	150	141	169	159	174	189	163	155	167	133	152	1,916
Maternity Removals	362	282	331	313	280	290	320	278	261	294	260	296	3,567
Removals	18,753	17,192	17,775	19,082	19,065	19,500	19,711	15,688	18,648	20,922	20,977	19,972	227,285
Hospital Car Service	1,786	1,783	2,209	2,073	2,033	2,423	2,402	1,915	2,195	2,238	2,287	2,011	25,355
Isolation Hospital (Removals)	192	153	133	17	27	34	28	18	19	18	20	23	682
Totals	21,844	19,974	21,041	22,175	22,184	23,031	23,329	18,713	21,888	24,277	24,259	23,078	265,793

1960.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accidents	461	464	479	529	643	656	618	582	623	609	585	591	6,840
Sudden Illness	150	154	171	161	164	154	160	167	158	177	177	202	1,995
Maternity Removals	365	318	338	369	320	266	314	317	303	292	273	335	3,810
Removals	20,373	20,504	22,704	18,282	21,423	19,538	18,906	17,980	19,226	20,280	20,307	18,339	237,862
Hospital Car Service	1,881	2,077	2,386	1,965	2,504	2,243	2,050	1,885	2,052	2,083	2,254	1,868	25,248
Isolation Hospital (Removals)	36	43	51	49	45	52	60	60	55	45	70	72	638
Totals	23,266	23,560	26,129	21,355	25,099	22,909	22,108	20,991	22,417	23,486	23,666	21,407	276,393

AMBULANCE CALLS SINCE 1956



As will be seen in Table 30, although there has been a slight decrease in the number of patients conveyed by the Hospital Car Service, there has been an increase in the mileage undertaken. This is because it has been found more convenient and economical to use the Voluntary Car Service to undertake long distance journeys on those occasions when only one or two patients have had to be carried.

SECTION 28.—PREVENTION OF ILLNESS, CARE, AND AFTER-CARE.

Reference to the care and after-care provisions will in this part of the Report consider mainly the tuberculous; the extension to the mentally disordered under the Mental Health Act being dealt with separately later in the main Mental Health Section.

Tuberculosis.

Although the decrease in the number of cases of tuberculosis notified in 1960 (Table 32) was not so great as during the preceding twelve months, the tendency of the past ten years continues in spite of the ever increasing population in the county. A considerable number of cases (Table 34) came into Hertfordshire already suffering from the disease, indeed, more came in with it during the year than new cases arose within the County in that period. These "transfers in" were greatest in Stevenage, though the figures are also high both in Letchworth Urban District and Watford Rural District, very high in Letchworth relative to the population but this is due to the Ministry of Labour Training Centre in it.

Extracts are included from reports kindly submitted by the Chest Physicians and also from the reports from the Social Workers at some of the Chest Clinics. It will be seen from these reports that these clinics are still busy though nowadays the demand upon them comes from a wider field than only those with tuberculosis.

Dr. Roe refers to the change in status of the Social Workers at the Chest Clinics and from their reports it will be seen that no matter what they are called they are filling a very definite need. Details of the work done by the St. Albans officer only is given, as the others follow on similar lines.

TABLE 32.

NOTIFICATIONS OF PULMONARY AND NON-PULMONARY TUBERCULOSIS.

	1958				1959				1960			
	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000
	M	F	Total		M	F	Total		M	F	Total	
<i>Pulmonary.</i>												
Urban . . .	202	127	329	0·62	166	97	263	0·6	141	82	223	0·4
Rural . . .	82	43	125	0·54	66	38	104	0·44	51	42	93	0·38
County . . .	284	170	454	0·6	232	135	367	0·47	192	124	316	0·39
<i>Non-Pulmonary.</i>												
Urban . . .	17	26	43	0·08	9	17	26	0·05	15	24	39	0·07
Rural . . .	7	8	15	0·07	2	5	7	0·03	5	15	20	0·08
County . . .	24	34	58	0·08	11	22	33	0·04	20	39	59	0·07
<i>Pulmonary and Non-Pulmonary.</i>												
Urban . . .	219	153	372	0·7	175	114	289	0·65	156	106	262	0·47
Rural . . .	89	51	140	0·61	68	43	111	0·47	56	57	113	0·46
County . . .	308	204	512	0·67	243	157	400	0·51	212	163	375	0·47

TABLE 33.—TUBERCULOSIS (RESPIRATORY)—DEATH RATE, 1930-1960.

Per 1,000 Population.

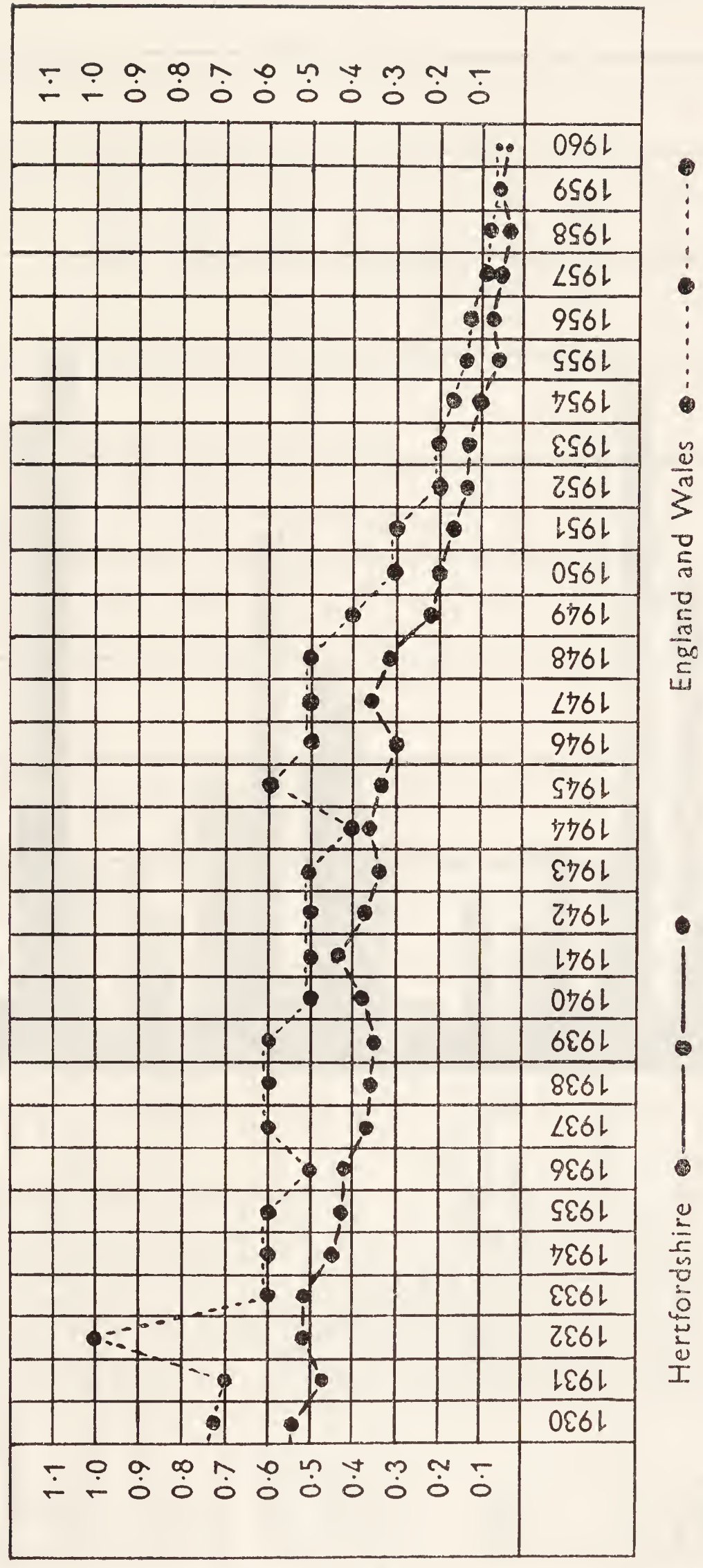
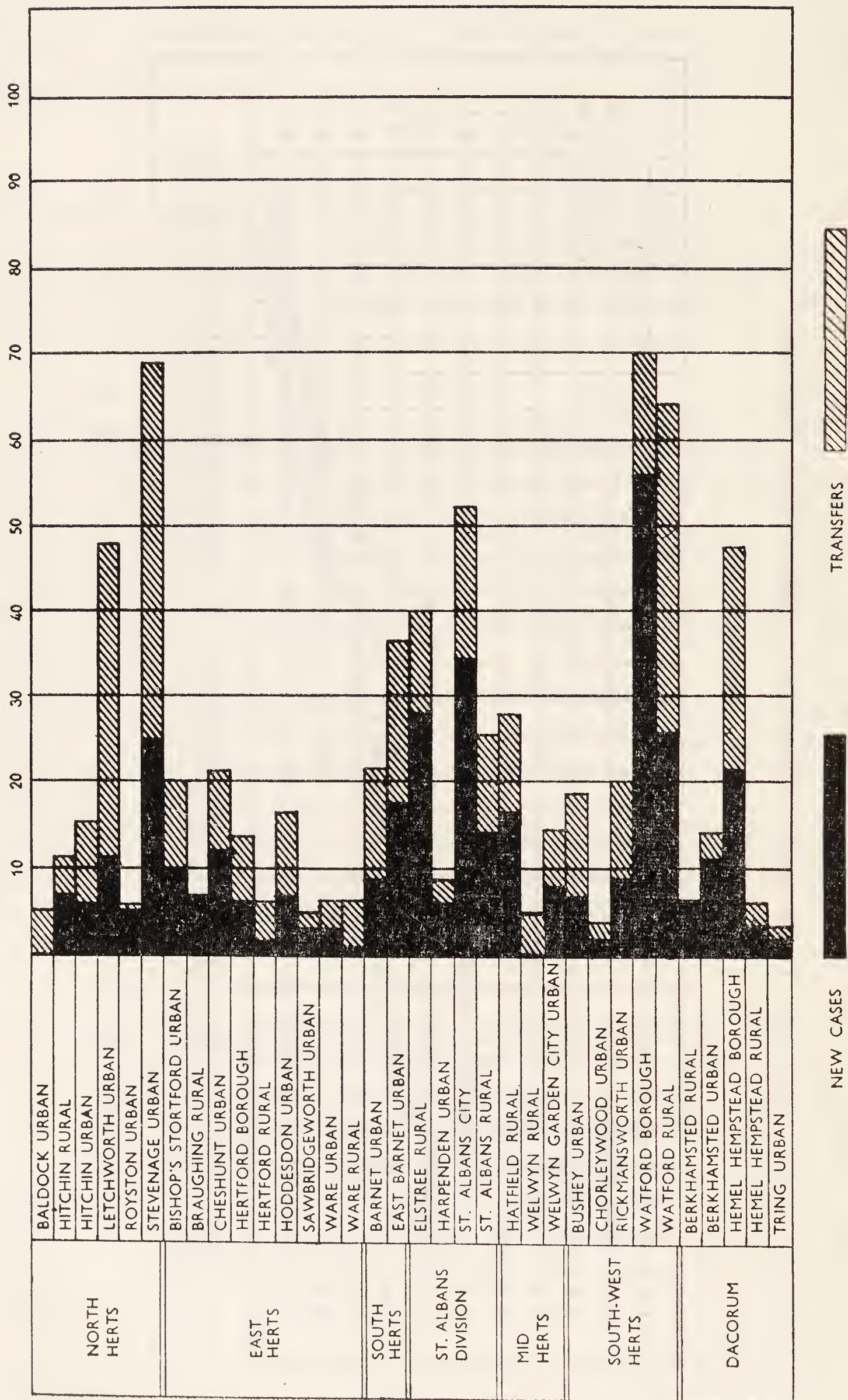


TABLE 34. TUBERCULOSIS 1960.



DR. HOUNSLOW, SOUTH DIVISION AND ELSTREE DISTRICT.

Table 35 gives comparative statistics for the ten years 1951-60.

TABLE 35.
COMPARATIVE STATISTICS, 1951-60 (BARNET CHEST CLINIC).

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
New patients (consultations)	715	792	844	726	610	623	639	550	441	380
Old patients	1,952	2,464	3,170	3,218	3,909	4,256	4,330	4,078	4,193	4,003
New contacts	206	325	348	353	376	385	294	264	248	432
Old contacts	392	585	898	947	1,261	1,416	1,262	1,143	969	1,151
Refills	4,785	7,830	8,813	7,823	6,270	3,827	2,013	684	86	13
X-rays only	—	—	—	3,660	4,520	5,329	5,261	5,193	4,681	4,771
New dental patients	—	—	—	—	52	76	56	38	15	13
Old dental patients	—	—	—	—	183	336	223	186	236	224
Total attendances	8,050	11,996	14,073	16,727	17,181	16,248	14,078	12,136	10,869	10,987
New Notifications :										
T.B. minus	59	66	46	39	42	45	45	44	36	39
T.B. plus	35	22	38	39	15	33	23	28	28	26
Total	94	88	84	78	57	78	68	72	64	65
"Transfers-in" (Tuberculosis)	73	145	126	156	193	112	60	55	63	55
Patients "Recovered"	71	41	11	18	112	83	62	76	97	30
Deaths (all causes) Register patients	16	12	16	23	15	23	19	17	23	18
Tuberc. Register at 31st Dec. Patients with positive sputum last six months	699	846	962	1,089	1,144	1,151	1,131	1,087	1,014	1,038
	62	70	51	48	29	43	41	20	20	9

Notes on Table 35.

Although refills came to an end during the year, the total attendances were maintained at the 1959 level. New consultations were again fewer, but many of these were patients with non-tuberculous conditions, requiring greater time and more detailed investigations than new tuberculosis patients.

It is gratifying to note the further decline in patients excreting tubercle bacilli in the latter half of the year. Moreover all these patients except three were in hospital during this period of infectivity; it is tempting to deduce that there will therefore be a fall in the incidence of new cases within the next few years, particularly as the young adult population is being increasingly protected by B.C.G. vaccination.

New Tuberculosis Notifications.

Sixty-five new patients were added to the Tuberculosis Register during the year, one more than in 1959; they may be analysed as follows:—

	1960.	1959.	1958.
In-patients, Shenley Mental Hospital	10	13	5
Relapsed "recovered" cases	6	5	5
Follow-up of known lesions	5	10	7
"New" cases	44	36	55
	—	—	—
	65	64	72
	—	—	—

The drop in "new" cases which occurred during 1959 was therefore not sustained. The fact that there were again an appreciable number of "recovered" and non-notified patients who relapsed under observation emphasizes the need for caution and prolonged observation before removing patients from the Register as recovered.

Tables 36 and 37 give details of the new notifications together with comparative figures for previous years.

TABLE 36.

NEW NOTIFICATIONS, 1960—AGE AND SEX DISTRIBUTION.

Age Groups (Years)	Respiratory		Non- respiratory		All Forms		Total	Totals Previous Years		
	M	F	M	F	M	F	1960	1959	1958	1957
0-4	—	1	—	—	—	1	1	1	1	—
5-9	3	2	1	1	4	3	7	7	4	5
10-14	—	2	—	—	—	2	2	2	1	1
15-19	1	3	—	1	1	4	5	4	4	3
20-24	1	2	—	—	1	2	3	6	8	6
25-29	1	1	—	—	1	1	2	4	4	4
30-34	1	2	—	3	1	5	6	6	8	13
35-39	4	3	—	2	4	5	9	8	8	7
40-44	3	2	—	1	3	3	6	5	11	5
45-49	5	3	—	—	5	3	8	3	5	6
50-54	5	1	—	—	5	1	6	1	7	8
55-59	2	1	—	—	2	1	3	5	3	5
60-64	2	1	—	—	2	1	3	4	1	3
65 +	4	—	—	—	4	—	4	8	7	2
	32	24	1	8	33	32	65	64	72	68

TABLE 37.

NEW NOTIFICATIONS, 1960, NON-RESPIRATORY.

	M	F	C	Total	Totals Previous Years		
					1959	1958	1957
Cervical glands . . .	0	1	2	3	1	1	4
Genito-Urinary . . .	0	6	0	6	1	1	5
Bones and joints . . .	0	0	0	0	0	2	2
Meningitis	0	0	0	0	0	0	1
Abdominal	0	0	0	0	0	0	3
Other	0	0	0	0	0	1	1
	0	7	2	9	2	5	16

Contact Examination.

One thousand five hundred and eighty-three contacts (432 new, 1,151 old) were examined. As a result, seven patients were diagnosed as tuberculous, five on initial examination, two on follow-up. In addition, one patient picked up by Mass Radiography was found to be the contact of an "arrested" patient, and a patient with genito-urinary tuberculosis referred by another hospital was found to be a contact of a known patient.

Twenty-six children at a Day Nursery (contacts of a possible tuberculous meningitis), and 150 children at a County primary school (contacts of a teacher with sputum-negative pulmonary lesions) were also examined as shown in table 38.

TABLE 38.

CONTACT EXAMINATION AT DAY NURSERY AND PRIMARY SCHOOL.

	Tuberculin			Examination of Pos. Reactors			
	Pos.	Neg.	Total	Post B.C.G.	X-ray Normal	X-ray Abnormal	Tuberculous
Day Nursery (? Tub. Meningitis).	1	25	26	1	1	—	—
C.P. School (Teacher, (R.A ₁))	4	146	150	1	4	—	—

TABLE 39.

TUBERCULOSIS REGISTER AT 31ST DECEMBER, 1960 (BY AGE-GROUPS).

Age in years	Respiratory		Non-respiratory		All Forms		Previous Years		
	M	F	M	F	M	F	1960	1959	1958
0-4 . .	0	2	1	0	1	2	3	2	2
5-9 . .	13	13	2	1	115	14	29	25	20
10-14 . .	15	15	5	3	20	18	38	37	41
15-19 . .	12	9	2	4	14	13	27	25	33
20-24 . .	21	224	4	4	25	28	53	63	69
25-29 . .	34	55	4	6	38	61	98	95	116
30-34 . .	68	64	5	4	73	68	141	151	169
35-39 . .	76	74	6	15	82	89	171	175	183
40-44 . .	56	49	4	13	60	62	122	101	110
45-49 . .	58	35	3	8	61	43	105	110	108
50-54 . .	51	25	7	3	58	28	86	84	101
55-59 . .	50	20	0	3	50	23	73	62	57
60-64 . .	20	11	1	2	21	13	34	31	32
65 + . .	50	4	0	4	50	8	58	54	46
	524	400	44	70	668	470	1,038	1,015	1,087

TABLE 40.

DIAGNOSIS OF NEW PATIENTS REFERRED TO CLINIC
(EXCLUDING CONTACTS).

Diagnosis	1960	1959	1958	1957
Active respiratory tuberculosis .	17	18	25	41
Inactive respiratory tuberculosis .	20	25	35	36
Non-respiratory tuberculosis . .	3	2	1	7
" Transfers-in " tuberculosis . .	63	58	55	85
Miscellaneous (B.C.G., etc.) . .	5	24	65	43
Total tuberculosis work	108 (28%)	127 (29%)	181 (33%)	212 (33%)
Bronchitis, asthma, emphysema .	88	103	108	127
Pneumonia, etc.	43	56	51	75
Carcinoma and other growths . .	32	26	23	23
Other pulmonary conditions . .	32	22	40	36
Cardio-vascular disorders . . .	7	13	10	12
Other conditions	17	34	31	34
N.A.D., etc.	53	60	106	120
Total non-tuberculosis work . .	272 (72%)	314 (71%)	369 (67%)	427 (67%)
Total new attendances	380	441	550	639

DR. T. A. W. EDWARDS, ST. ALBANS AND MID-HERTS DIVISIONS.

In 1960 there was a further slight fall in the number of new notified cases of pulmonary tuberculosis—fifty-five as compared with fifty-nine in 1959 and ninety-four in 1958.

The following table shows the source of these cases and their initial sputum state :—

Source	Positive	Negative	Total
General Practitioner . . .	6	—	6
Mass miniature radiography . . .	4	4	8
Contacts (new) . . .	2	6	8
Other depts of Hosp. . .	2	3	5
Min. " X-ray only " Service . . .	9	3	12
M.M.R. follow-up . . .	1	6	7
Contact follow-up . . .	—	—	—
Other follow-up . . .	4	5	9
	28	27	55

Thirty-six of the new cases were males and thirteen females and six were children. Four of these children were close contacts of newly diagnosed sputum positive cases ; one had been under observation as a contact for twelve years and developed a small lesion at age fifteen at the same time as his father had a slight relapse. In the sixth child aged four-and-a-half years no source of infection could be found.

Sixteen cases were notified after a period of observation following either a mass X-ray or an X-ray taken for some other reason. The interval varied from a few months up to twelve years ; the reason for notification was either slight radiological deterioration or a positive sputum or L.S. culture. Without exception these patients had disease of limited extent. By contrast two patients who were first seen in 1948 and were advised to continue under observation but did not do so, had cavitory disease (in one case extensive bilateral disease) when referred on account of symptoms in 1960. This illustrates the importance of keeping apparently inactive lesions under observation for an indefinite period of time.

New cases of tuberculous glands of neck are only rarely seen today, but one child aged five years was seen in October with enlarged cervical glands and a strongly positive tuberculin test. His mother stated that when on holiday in July in the West Country, the family had drunk untreated milk on a farm. Inquiries revealed that two weeks later a cow from the farm was found to have extensive tuberculosis when sent for slaughter. The glands were first noticed in the first week of August, which would give an incubation period of three to four weeks. The child's brother aged eight years also developed swollen glands at the same time and when seen in October his tuberculin test was also strongly positive ; his glands subsided without treatment but it seems likely he also had a tuberculous infection of the glands from the same source.

DR. P. W. ROE, SOUTH-WEST HERTS AND DACORUM DIVISIONS.

Both the Tuberculosis Registers at Watford and Hemel Hempstead continue to increase but the rate of increase is falling rapidly as the number of new notifications decreases. The Tuberculosis Visitors have had a hard year because there has been one post vacant throughout the whole period, throwing a considerable additional burden on the remaining Visitors.

The position as regards the Almoner Service has been satisfactorily settled during the year with a regrading of the very experienced Almoner's Clerk in Watford to a new post of Unqualified Almoner, and the appointment of a part-time Unqualified Almoner at Hemel Hempstead. In addition the County

Medical Officer has strengthened his staff by the appointment of an experienced Almoner to the central staff at County Hall, to include within her duties the supervision of the unqualified Almoners. This new arrangement is now working very well.

The Regional Hospital Board called for a new set of statistics during 1959 and as a result the method of taking attendance statistics was re-arranged so as to collect these figures in a new way as from 1st January, 1960. Thus 1960 is the first year of the new method. The advantage of the new system is that we can now show accurately the number of patients attending in connection with the Tuberculosis Service compared with those suffering from other chest diseases. From these calculations we have excluded patients sent up for X-ray only in Watford as we have not devised a method of classifying these attendances. Out of 12,496 patient attendances in Watford, 1,071 (9 per cent) were patients who attended for a condition not associated with tuberculosis. Out of 4,388 patient attendances at Hemel Hempstead, 460 (10 per cent) were patients who were suffering from a non-tuberculous chest disease. These figures are most interesting, and now that a reliable system for classification of cases has been established it will be possible from year to year to watch the trend of cases as between the Tuberculosis Service and non-tuberculous chest diseases.

A statistical review of the work done during the last four years is attached.

TABLE 41.
COMPARATIVE STATISTICS.

	Watford				Hemel Hempstead			
	1957	1958	1959	1960	1957	1958	1959	1960
New consultations	667	631	792	713	387	290	334	356
Old consultations	6,606	7,067	7,477	7,867	2,131	2,678	2,646	2,610
New contacts	864	825	887	981	457	437	308	348
Refills	567	51	27	—	106	28	2	—
X-ray only	3,559	3,329	3,257	3,915	—	—	—	—
New notifications :								
T.B. +	54	57	73	40	17	9	11	18
T.B. —	112	94	69	37	43	41	21	20
Total	166	151	142	77	60	50	32	38
Non-respiratory	10	19	11	15	15	4	6	9
Transfers into area	186	89	97	87	72	71	59	48
Death	25	20	16	21	6	3	10	7
Recovered	75	43	29	21	27	25	15	12
Transfers out of area	73	94	115	75	34	37	35	49
No. of patients on Register at 31st December	1,781	1,867	1,936	1,970	647	700	732	754
B.C.G. :								
No. of contacts skin tested	1,387	1,540	1,969	2,117	532	794	949	780
No. found negative	502	580	650	761	320	340	290	234
B.C.G.	245	312	353	491	107	134	134	124

DR. MACDONALD, NORTH HERTS DIVISION.

Newly notified cases of pulmonary tuberculosis added to the Register during 1960 totalled forty-one (1959 total forty). These were referred to the clinic from the following sources :—

General Practitioners	12
Mass Radiography Unit	7
Odelca recalls	6
Contacts (new)	1
Other departments and hospitals	12
Other sources	3

The total number of tuberculous cases on the Register at the end of 1960 was slightly higher—676 compared with 655 in 1959—mainly owing to cases transferred in from other areas. Total attendances for the year showed a decrease of over 1,000 ; attendances for miniature radiography were also less—

	1960.	1959.
total attendances	8,638	9,764
miniature radiography	1,429	1,804

Attendances throughout the year were as follows :—

New patients	980
Old patients	5,120
Transfers in	94
X-ray only	1,429
New contacts	362
Old contacts	645
Refills	8

The figure for patients “ X-rayed only ” included 134 schoolchildren referred to the clinic following positive skin tests prior to B.C.G. vaccination. Of these, nineteen were recalled for large films but no significant lesions were found.

During 1960 thirty-two cases of bronchial carcinoma were diagnosed compared with thirty-five in 1959. Much of the work of the chest clinic is now concerned with non-tuberculous chest disease, particularly asthma, bronchitis, cardiac failure due to respiratory causes, bronchiectasis, sarcoidosis, and bronchial carcinoma.

DR BRANDER, LOCUM CHEST PHYSICIAN, EAST HERTS.

There is a very slight decline in cases of pulmonary tuberculosis ; non-respiratory cases remain the same. You will see we have had a large number of contacts for examination during the year, but fortunately only one case from amongst them, and there has also been an increase in the amount of B.C.G. vaccination done in the clinics.

There has also been a considerable increase lately in the non-tuberculous work at the clinics.

(1) New cases of Pulmonary Tuberculosis added to Register during 1960.

(a) From G.P.'s	21
(b) Routine examination	nil
(c) Contact examination	3
(d) Suspects	3
(e) Transfers in	40
(f) Hospitals	4
(g) Mass Radiography	7
	<hr/> 78

(2) New cases of Non-respiratory Tuberculosis added to Register during 1960.

(a) From G.P.'s	nil
(b) Routine examination	nil
(c) Contact examination	nil
(d) Suspects	nil
(e) Transfers in	3
(f) Hospitals	4
(g) Mass radiography	nil
	<hr/> 7

(3) No. of Home Contacts involved in above new cases	199
(4) No. of Contacts called for examination	199
(5) No. of these seen	197
(6) No. skin tested (Positive)	532
(7) No. skin tested (Negative)	238
(8) No. X-rayed	179
(9) No. of these found to have tuberculosis	1
(10) No. kept under observation	180
(11) No. given B.C.G.	195
(12) Total of all B.C.G. vaccinations during the year	241

SOCIAL WORKERS.

South-West Division.

The figures for 1960, in relation to the work done by the Social Worker, remain very much the same as in previous years. Three hundred and sixty-seven patients were dealt with during the year, either having been referred by the Chest Physicians and T.B. Health Visitors, or the patients themselves having sought advice and help.

Although the period of treatment for tuberculous patients has been considerably reduced in many cases, it is still long-term in comparison with most other illnesses. This has a cumulative effect in producing problems for the patient and family. The help available through statutory bodies prevents desperate financial hardships, but it cannot cover all eventualities. When this happens, the voluntary agencies need to be approached and usually their response is magnificent.

With regard to the resettlement of patients, close co-operation between the Chest Clinic and the Disablement Resettlement Officer is still maintained, and forty-five patients were referred to this section of the Ministry of Labour. Some difficulty is being experienced in placing men approaching sixty years and over. Many firms are reluctant to take on employees so near to retiring age who also have a respiratory handicap. The Disablement Resettlement Officer is doing all he can to overcome this obstacle. Towards the end of this year it was agreed that it might prove a more satisfactory arrangement if the D.R.O. saw chest patients at the Clinic in the company of the Social Worker, at least for the initial interview. The D.R.O., therefore, attends the clinic every Wednesday afternoon and, so far, these meetings are proving very useful.

Another form of meeting which is particularly helpful is the weekly conference between the Chest Physicians, Clinic Sisters, T.B. Health Visitors, and Social Worker, when a variety of problems concerning patients can be discussed from all angles.

Thirteen convalescent holidays were arranged last year. Eight of these were arranged through the County Health Department and the other five were sponsored by various charities and societies. These recuperative holidays are of enormous value, sometimes in order to help get a patient fit for work again and sometimes as a means of giving a tuberculous housewife a period of convalescence following treatment at home.

Great advantage has been taken of the various County Council Departments, such as the Health Department for the supply of Home Help, free milk, equipment on loan, etc.; the Local Medical Officer in regard to housing; and various forms of help through the Children's Welfare Officers, the Divisional Education Officer and School Welfare Officers, the Divisional Welfare Officer, and others.

St. Albans and Mid Herts.

This year the increase in total cases was due to an increase in short-term illness, mainly carcinoma. The unanswerable question that follows from this is obvious; will this increase be recognized as the commencement of a trend, or is it merely that 1960 was unusual? The understandable cause and effect of the situation is, that since the onset of the disease is generally more sudden, the financial and emotional problems are more difficult. Fortunately the National Society for Cancer Relief are unfailingly helpful and their generosity is made the more useful by the speed with which they act—a most important factor in these cases.

The number of patients requiring financial assistance fell from 46 per cent last year to 33 per cent this year. In 1958 the figure was 28 per cent and I attributed the severe increase in 1959 to easy credit conditions. This year's decrease might therefore be attributed to the restriction of credit. Undoubtedly

the size and number of Hire Purchase commitments were smaller this year. But restriction of credit takes effect more slowly than an expansion, and part of the reduction in financial cases is due to other causes. Some of these are fortuitous, such as firms paying sick pay, and wives working, and some are fundamental, such as the generally shorter period now needed to complete treatment of tuberculosis.

Cases involving personal and emotional problems fell, not unexpectedly, by an almost similar percentage. There is a very close connection between these problems and financial difficulties. Home Care cases have decreased only slightly, however, probably because cases of carcinoma nearly always need some kind of assistance of this nature.

The Resettlement Officers arrange the training courses and their help and co-operation is invaluable. The Officers of the National Assistance Board also make my task easier, and if all else fails there are the ubiquitous, and more than ever necessary, Voluntary Organizations. As always it is my privilege and pleasure to pay my tribute and give my thanks to these and all the other Social Workers with whom I come in contact.

NEEDS.							Totals.
<i>Advice on personal and emotional difficulties</i>	.	.	.	.	.	.	158
<i>Finance</i>	.	.	.	.	.	.	72
<i>Resettlement.</i>							
Rehabilitation	.	.	.	.	.	.	4
Training	.	.	.	.	.	.	1
Employment	.	.	.	.	.	.	32
<i>Housing.</i>							
Rehousing	.	.	.	.	.	.	4
Accommodation	.	.	.	.	.	.	16
<i>Home Care.</i>							
Day Nursery	.	.	.	.	.	.	1
Home Help	.	.	.	.	.	.	10
Occupational Therapy	.	.	.	.	.	.	10
Care of Children	.	.	.	.	.	.	7
Milk	.	.	.	.	.	.	24
Diet	.	.	.	.	.	.	8
Bedding	.	.	.	.	.	.	4
Equipment	.	.	.	.	.	.	5
Clothing	.	.	.	.	.	.	13
Fares and transport	.	.	.	.	.	.	9
Books	.	.	.	.	.	.	—
Convalescence	.	.	.	.	.	.	9
Furniture	.	.	.	.	.	.	—

AGENCIES USED IN SOCIAL ACTION.							
<i>Statutory.</i>	.	.	.	.	.	.	103
<i>County.</i>	.	.	.	.	.	.	59
<i>Voluntary.</i>							
B.R.C.S.—Care and After Care.	.	.	.	.	.	.	9
W.V.S.	.	.	.	.	.	.	8
Glasspool Trust	.	.	.	.	.	.	2
Forces Help Society	.	.	.	.	.	.	2
Personal Service League	.	.	.	.	.	.	2
British Legion	.	.	.	.	.	.	3
N.S.C.R.	.	.	.	.	.	.	8

South Herts Division.

Although the medical social work during 1960 was generally of a routine nature a firm impression remains of the tuberculous patient afflicted with other disabling illnesses. Blindness, cancer, arthritis, coronary thrombosis, and mental illness were among these ailments and the full reserves of these unfortunate people were heavily taxed. Co-operation with social workers in

other fields was very important at this time and in this respect the monthly meetings of social workers held in Boreham Wood and Barnet were very helpful. In informal talks various workers tell of their endeavours in their particular field and greater co-operation was made possible through wider knowledge.

Financial need during 1960 for the long-term patient was largely met by National Assistance Board grants, by chronic illness allowances, by the payment of fares to hospital, and help with convalescence. Yet in two or three cases some fairly substantial sums were raised for families who had got into difficulty—in one instance 40 per cent of the total income was ear-marked each week for hire purchase commitments, these commitments becoming impossible to meet when long-term illness arose. Help was gratefully received from various organizations including the Chest and Heart Association, the Glasspool Trust, N.S.C.R., B.R.C.S., and S.S.A.F.A.

During 1959 the trend of the recovering patient to return to his former employment with some modification in hours and conditions was noted and this continued during 1960. Nevertheless, several younger men were encouraged to apply for Ministry of Labour Training Courses in order to secure lighter work and the help of the local D.R.O's was readily available in these circumstances. Encouragement was given again to the boy or girl under the care of the Chest Physician to avail themselves of the services of the Youth Employment Officer and of the facilities for further education. Skilled work in light engineering appears very suitable for the young person under medical observation but as apprenticeship requires certain standards of education encouragement was given before school leaving age.

The housing problem was not an insurmountable one, for the chest patient referred to the social worker for rehousing. Full consideration was given to applications submitted to the local housing committees. Transfer to larger accommodation on the L.C.C. Boreham Wood estates was a little easier and advantages were taken in a few cases of schemes for assisted house purchase and for rehousing in the Hatfield and Welwyn areas where local work was first secured by the applicant.

Once again during 1960 full use was made on behalf of the chest patient of nursery care of children, the Home Help Service, and Occupational Therapy. In three homes where long-term illness was exacting a heavy toll a family holiday was arranged and made possible by financial aid from the County. Yet increasingly and as a result of early diagnosis and improved methods of treatment, the social worker in the tuberculosis field finds herself less involved with chronic work and more concerned with short-term planning.

TUBERCULOSIS VISITORS.

The number of Health Visitors employed full-time at the end of 1960 on tuberculosis work was ten. Their establishment allows for one extra Tuberculosis Visitor in the South-West Dacorum Divisions. This vacancy has existed for more than a year owing to the difficulty of getting staff for this type of work. However, the vacancy was filled in January, 1961.

TABLE 42.

Tuberculosis Visitors' Case Load at 31st December, 1960

<i>Divisions.</i>	<i>No. of Visitors.</i>	<i>Patients under Supervision.</i>	
		<i>1960.</i>	<i>1959.</i>
East Herts	1	422	408
North Herts	2	1,216	1,176
South Herts	2	1,014	1,062
South-West and Dacorum	4*	2,685	2,344
St. Albans and Welwyn	1	1,342	1,253

* Establishment—5.

TABLE 43.

	1959		1960	
	Attendances at Chest Clinics	Visits to Patients	Attendances at Chest Clinics	Visits to Patients
Tuberculosis Visitors . . .	1,959	22,716	1,963	19,097
Health Visitors	5	211	5	200
Home Nurses	—	8,120	—	7,792

One Tuberculosis Visitor attended a week's residential refresher course on Diseases of the Chest.

For some time past there have been no trained almoners attached to the Chest Clinics—this has meant that the Tuberculosis Visitors have done some of the duties normally carried out by Almoners, particularly visiting the homes and then discussing requirements with social workers at the Chest Clinics.

RECUPERATIVE HOLIDAY SCHEME.

Forty-eight cases fewer went away last year than in 1959 (a year with a very good summer). The percentage of old people included again increased: in 1957 the percentage of those whose ages were over sixty-five was 25 per cent, in 1958 28·4 per cent, in 1959 32·7 per cent, and in 1960 the figure rose to 40 per cent.

An average of approximately 94 per cent of the applications received each year are accepted as coming within the scheme. Of these, 78 per cent are finally admitted to homes, the remainder having for various reasons withdrawn their application.

TABLE 44.

	1959.	1960.
Applications received	413	365
Applications accepted	383	343
Not accepted	30	22
Applications subsequently cancelled	87	78
Sent to Hertfordshire Home	235	202
Mothers accepted with a child (or children) under four	4	10
Couples who went away together	14	11

TABLE 45.

AGES OF PATIENTS.

	0-1		2-5		6-15		16-45		46-65		66 +	
	M	F	M	F	M	F	M	F	M	F	M	F
Accepted	0	1	1	1	—	—	15	75	37	85	42	108
Sent away	0	1	1	1	—	—	12	50	29	62	26	83

BY WHOM REFERRED.

Own Doctor	Hospitals	Others
299	62	4

MEDICAL EQUIPMENT LOAN SCHEME.

Members of the St. John Ambulance Brigade and British Red Cross Society manned the thirty-six Medical Loan Depots, and the County Council is indebted to these two organizations for their keen interest in this work and for their assistance in the Scheme.

Shortage of premises providing suitable storage space and adequate cleansing facilities is one of the main difficulties in a number of districts. This problem will be eased within the next year or two with the completion of various new health centres, which include rooms for Medical Loan Depots.

Ordinary nursing equipment is held at these depots and may be obtained on application to the Officer-in-Charge. Generally the depots are able to maintain, and often increase, their stock from the small hire charges. The Health Department supplements the stock when asked to do so and in 1960 spent about £80 for this purpose. In addition to this equipment, the Health Department made arrangements for special types of nursing aids to be issued to 123 cases during the year. If it is not possible to transfer equipment, such as hydraulic lifting hoists, latex mattresses, bedsteads, self-propelling wheel chairs, from one case to another, new equipment is purchased. In the financial year 1960-61 the amount spent on equipment specially provided for some of these 123 individual cases was a little over £1,000. The most expensive single item was a special bed costing £117 and provided for use by a thirty-nine-year-old man crippled by poliomyelitis in 1953.

CHIROPODY.

Our Chiropody Scheme resulting from the Ministry of Health Circular of June, 1959, started in the early months of 1960, although the County Council had from the previous autumn accepted responsibility for the payment of the chiropody expenses of Old People's Organizations which had not the necessary funds themselves.

As it was considered that there was little likelihood of being able to appoint whole-time chiropodists to the County staff and as no provision had been made in the County Health Centres for chiropody clinics and the chiropodists in private practice had made it clear that they were not willing to run clinic sessions beyond those to which they were already committed with Old People's Organizations, arrangements were accordingly made for chiropodists to treat people under the County scheme in their own surgeries. The three categories, old people of pensionable age, the handicapped within the meaning of Section 29 of the National Assistance Act, and expectant mothers were approved for treatment within the Scheme. A payment by the individual of 2s. 6d. per treatment from old people and the handicapped, and 5s. 6d. per treatment from expectant mothers, was also approved, the County Council paying the remainder of the chiropodist's fee. As the size of the need was not known, the members of the Medical and Nursing Staff were made the authorizing officers to issue vouchers to enable patients to obtain treatment under the scheme.

The arrangements of Old People's Organizations whereby chiropody sessions were held under their auspices in clubs or halls were approved as part of the official scheme and payment made on a sessional rate.

The qualification of those practising chiropody in the various towns and villages did not always meet the requirements of the regulations of the Ministry and some were thus ineligible for direct payment by the County Council. Medical and Nursing Staff therefore referred patients only to those on the official list but if it did occur that chiropodists not on the list were giving sessions to Old People's Organizations, the County Council undertook temporarily to pay that Organization's chiropody expenses. The other sessional payments were made direct to the chiropodists.

In a few instances, Old People's Organizations had referred persons through their Secretary or another member to chiropodists in their surgeries and not to actual sessions arranged by them and again this arrangement was accepted as a temporary measure.

The chiropodists whose names were able to be placed on the official list were not distributed uniformly throughout Hertfordshire and large areas of the County, particularly in the rural parts, had during the first part of the year no facilities for chiropody under the scheme. Some chiropodists later on however, offered sessions to Old People's Organizations in a few villages but even so, the County was by no means adequately served.

In the latter months of the year, the scheme was reviewed by the Council and it was agreed that recommendations for chiropody should be given by medical practitioners only, though in the more rural areas where a doctor was not easily accessible, a nurse might continue to do so. Some General Practitioners had expressed the wish to recommend their patients themselves and in addition, the chiropodists felt that as they were officially medical auxiliaries, they should work with doctors and not with nurses.

The use of the vouchers which had hitherto only served for one treatment was also reviewed and they were changed so that one authorization permitted six treatments. It was expected that these six treatments would meet the needs of the majority of cases for the greater part of a year.

Until more chiropodists become available in the County it will be impossible to provide a uniform service, but it is hoped during 1961 that space may be found for chiropody clinics in some of the newer Health Centres and chiropodists appointed on a salaried or sessional basis to man them. The following table shows the work done during the year under the scheme.

There were 47 chiropodists in the Scheme and they gave 19,890 treatments in their surgeries. In addition there were 726 sessions held under the auspices of Old People's Organizations.

SECTION 29.—HOME HELP SERVICE.

Report of the County Home Help Organizer :—

Staff Welfare.

During the year, the Mass Radiography Units visited Hitchin, Hertford, Ware, Berkhamsted, and Tring. In accordance with policy all Home Helps within easy reach of these towns were encouraged to attend for chest X-ray. Also during the year, special arrangements were made for Home Helps to receive vaccination against Poliomyelitis, and many of them availed themselves of this opportunity.

Under a National Agreement, Home Helps received a further increase in pay, and those who have completed ten years' unbroken service with a local authority are now entitled to three days' annual leave in excess of the normal two weeks.

Long Service Awards.

A presentation of badges was held at the new Stevenage Health Centre at the end of July, when fifty-eight Home Helps received badges for five or ten years' service with the County Council. In addition twenty-one Home Helps had badges posted to them. The Chairman of the Health Committee presented the badges at Stevenage, and it was a very happy and successful function. These annual presentations have come to be accepted features of the year, and each Home Help looks forward to the time when she will be included. It is not

possible to invite more than the helpers who are to receive the badges, but the organizers and members of the Health Committee provide a very satisfying and really appreciative audience.

In-Service Training.

During the summer, the first training course was held at the Hertford College of Further Education, when twelve Home Helps from East Herts Division were released from their normal duties on one morning a week for the summer term. They were given talks, film shows, and demonstrations on various aspects of their work, and their response to these was gratifying. They all found an added interest in their job through this course and, once the initial strangeness had worn off, they proved to be an appreciative, but, nonetheless, critical group. This course was experimental, but will provide the basis for courses to be run in other Divisions in the future. At this stage, it should be placed on record that the other departments involved, especially the Education Department, offered every help and encouragement, without which it would have been very difficult to maintain the quality and interest of the material provided.

Following this, a one-day course for Home Help Organizers was arranged at St. Albans College of Further Education, when three senior officers of the County Council spoke about the social, legal, and financial aspects of the Service. This proved so successful that it is hoped to arrange another day during 1961.

Administration.

During the year, the local voluntary Committee for Berkhamsted disbanded themselves, but the members offered to be available at any time, to help or advise, should they be required. The need for voluntary committees seems to have come to an end almost everywhere, now that the Service is so well established, but the help that these committees have given in the past has been invaluable, both to the County Council and to the individual members of the Service.

With the opening of the new Health Centre in Stevenage, arrangements were made for the Home Help Organizer to be available to the public in the New Town at certain specified times. This has not been working long enough yet to prove whether or not the sessions arranged are sufficient or over-adequate, but careful records of telephone and personal calls will give this information.

Also during the year, the very large branch of the Service in the St. Albans area was divided, and an organizer appointed to run the Service in the Harpenden, Wheathampstead, and Redbourn area. She had not, by the end of the year, been established in a local office, but was working from the Divisional Health Office in St. Albans.

In almost every district, it has been possible to arrange for Home Help office staff to work a five-day week, without causing any apparent hardship to the public. The County Council has worked in conjunction with each District Council in this matter, and where the District Council offices are still open on Saturday mornings, the Home Help office staff are still working similar hours.

May I add a personal note in this, my final report as County Home Help Organizer? I have found tremendous satisfaction in the work I have been doing for the past eleven years and shall, I am sure, miss the constant personal contact which I have had with such a large number of colleagues. There is still much to be done in this field, and I am fully conscious of the great value which is placed upon the members of this Service by the general public and by all those concerned in the welfare of the sick and aged. I have taken the decision to move to another branch of Social Service, but, in doing so, I am quite secure in the knowledge that the Home Help Service will continue to expand and improve, and it will always hold a very special place in the hearts of the public.

CASES HELPED SINCE 1948

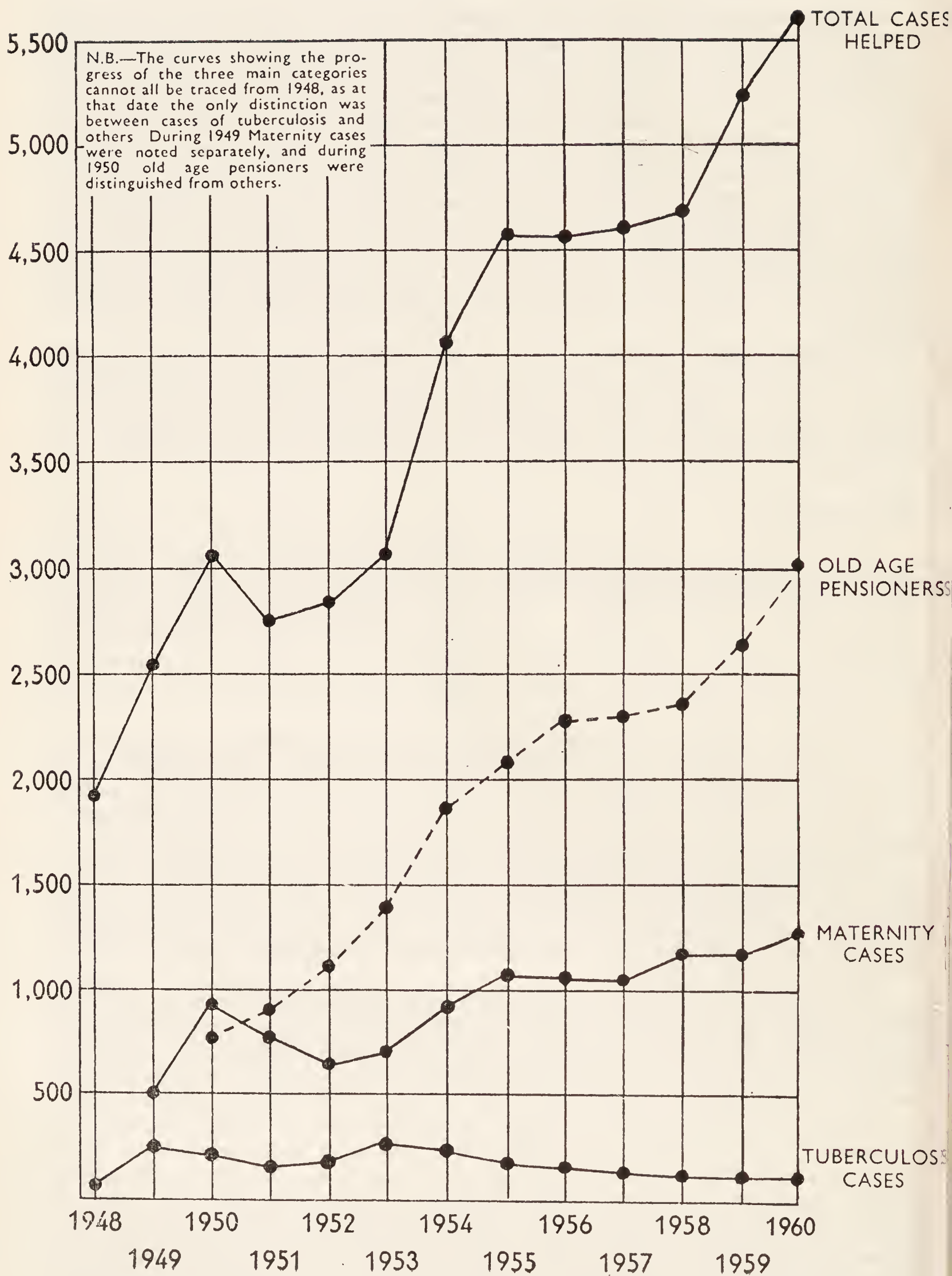


TABLE 46.
HOUSEHOLDS ATTENDED DURING 1960.

	Tuberculosis	Chronic Sick	Blind	Acute Illness	Accident	Miscellaneous	Maternity and Nursing Mothers	Total
Cases other than O.A.P.s	100	445	28	620	23	55	1,372	2,643
* Old Age Pensioners .	25	2,741	141	82	15	4	—	3,008
Total . . .	125	3,186	169	702	38	59	1,372	5,651

* This term relates to men aged 65 and over or women aged 60 and over.

TABLE 47.

Cases Helped during year	Cases current at :		Weekly hours at 1.1.60	Equiva- lent No. of full-time Home Helps	Weekly hours at 31.12.60	Equiva- lent No. of full-time Home Helps	No. of Organizers and Clerks					
							1.1.60			31.12.60		
	1.1.60	31.12.60					Full-time	Part-time	Equiva- lent full-time	Full-time	Part-time	Equiva- lent full-time
5,651	2,431	2,670	15,902	361.4	16,428	373.4	16	12	22.2	16	13	22.4

SECTION 51.—MENTAL HEALTH SERVICES.

In Ministry of Health Circular 9/59, dated 4th May, 1959, it was stated that a much greater expansion of the local authorities' Mental Health Services is needed, in the interests of the mentally disordered, to help them as far as possible to lead an independent and useful life in the community. Authorities were asked to make an immediate review of their Mental Health Services, and to decide on the manner in which they could be developed. This was done during 1959, and the Authority's draft proposals for the Mental Health Service were submitted to the Minister of Health in 1960. Under these proposals, the Authority would extend their existing services, which already include training and occupation centres, home training, social clubs, and home visiting, and provide residential accommodation for mentally disordered persons, and co-operate with the mental hospitals serving the County in providing day centres.

A thirty-place senior female training centre was opened in Hertford in February, 1960, and it is attended by persons from the East and Mid Herts Divisions: at the end of the year, twenty-two persons were in regular daily attendance.

In March, a social club for adult subnormal males was opened in a primary school, in Watford, and meets on Tuesday evenings during the autumn and winter months. A reference to this club will be found in the report by Mr. Bushell, the Mental Welfare Officer in the South-West Division, responsible for getting the club started and for running it.

The Corner Club, Watford, a therapeutic social club, continued to flourish. This was opened by the Institute of Social Psychiatry in 1949, and taken over by the County Council in 1957. It now meets in County Council premises under the guidance of the Social Therapist who is paid by the County Council. This club could not survive but for the interest shown and work done voluntarily by many members of the staff of Napsbury Hospital. A report by Mrs. Cherry, the Social Therapist, is given on page 68.

For some years, the Watford branch of the Hertfordshire Society for the Welfare of the Mentally Handicapped has been running a social club for mentally subnormal children and young people. In June, 1960, a similar club for was started by the Stevenage and District branch of this Society. The running of these two clubs is undertaken entirely by the local Societies.

During the year the plans for junior training centres for North and East

Herts were completed and submitted to the Ministry. Approval was received by the end of the year. The area served by the East Herts Centre at present includes Hatfield and Welwyn Garden City, but it is hoped to build a separate Centre for this part of the County as soon as the numbers warrant it.

The Authority has for some years had a staff of social workers specializing in the home visiting of subnormal and severely subnormal persons. The amount of work done in visiting mentally ill has been very limited so far, and in this field much remains to be done. A total establishment of one Mental Welfare Officer to 50,000 population has been approved, in addition to the staff of part-time Mental Welfare Officers who are also Welfare Officers under the National Assistance Act, who will continue to deal with compulsory actions for persons suffering from mental illness.

During the year, two of the whole-time Mental Welfare Officers left to live in other parts of the country. Miss E. Thomas joined the staff as Senior Psychiatric Social Worker, and Miss K. Calladine and Mrs. D. Edwards were appointed as Mental Welfare Officers. Miss H. Watson transferred from her post as County Home Help Organizer to that of a Mental Welfare Officer in May, 1960. As a result of these changes, the total number of Mental Welfare Officers at the end of the year was ten. Two further appointments were confirmed, Miss A. Duxbury, a Psychiatric Social Worker, and Miss S. West, a State-Registered Nurse with considerable experience of social work, and they both took up duties in January, 1961.

In June the Committee agreed that suitably experienced Mental Welfare Officers holding a social science degree or diploma should be recommended for secondment on full salary for training as Psychiatric Social Workers.

Miss E. M. Rendle whose attendance at the Mental Health Certificate course had been approved the previous year, returned to duty in October. Miss H. M. Watson was accepted for the 1960-61 Mental Health Certificate course.

The arrangements for in-service training referred to in my last report continued during the year. Unfortunately Dr. Torrie was obliged to curtail his activities and we are greatly indebted to Dr. Patterson, the Medical Superintendent of Napsbury Hospital, not only for making it possible for the Health Visitors who had started a course to continue but also for indicating his willingness to arrange a further course in the coming year. Dr. Torrie's weekly case conference with the Mental Welfare Officers, too, had to be interrupted, but the study group continued to meet at Napsbury under the guidance of Miss Thomas. During 1960, the Authority also arranged for five of the Mental Welfare Officers to attend various seminars, conferences, or week-end schools, on different aspects of mental health. The seven senior part-time Mental Welfare Officers attended for a course of six lectures by Dr. McDiarmid at Hill End Hospital.

A general duties assistant-trainee was appointed at each of the Authority's five junior training centres. This post is in addition to the approved establishment of one staff to twelve children. After the completion of two years' service, it is hoped to arrange for these trainees to be seconded, on full salary, to take the diploma course for teachers of the mentally-handicapped. Arrangements were made by the Authority for ten of the staff from the training centres to attend a study-day, organized by the National Association for Mental Health.

At very short notice the Ministry of Health drew Local Authorities' attention to the fact that 1960 had been designated by the World Federation for Mental Health as World Mental Health Year, and that the 9th to 16th July, 1960, would be Mental Health Week, when it was hoped that Local Health and Welfare Authorities would consider what steps could be taken to bring to the notice of the public their existing services and plans for the future of all departments concerned, both in the preventive field and in caring for the mentally disordered.

A press conference was held at Cell Barnes Hospital. Letters were sent to

the heads of the various religious denominations in the County, asking them to bring Mental Health Year and the subject of mental health to the notice of their clergy. A wide circulation was given to a statement of various activities organized in Hertfordshire by the Hospitals, the Child Guidance Service, and the Local Health Authority. These included film shows and Open Days at the Psychiatric Hospitals, an exhibition of Child Guidance Clinic material, and procedures at three different towns in the County, Open Days at the training centres, film shows, and talks at some of the welfare centres, and a display of literature on mental health at all public libraries in the County.

It is doubtful whether the results justified the efforts involved at a time when the staff were already fully occupied in planning the development of the Mental Health Services.

Miss M. E. Gurney, Psychotherapist, joined the staff in June, 1960. One-third of her time is devoted to work in the Herts Child Guidance Clinic, and one-third as Psychotherapist for Boxmoor House Special School for maladjusted boys. The remaining part of her time Miss Gurney devotes to child development work: she has regular discussion groups with the Health Visitors in each of the Divisions: her report on this aspect of her work will be included later in this report.

The following sections of the report contain details of the work of the Mental Health Service in the County during 1960:—

Community Care.

At the end of 1960, 1,071 cases were being visited by the Mental Welfare Officers. This number was made up of 993 mentally handicapped and seventy-eight mentally ill persons.

Two hundred and twenty-three mentally subnormal persons were added to the Authority's list of those in community care in 1960. By the end of the year, forty-five of these had been admitted to hospitals and 178 were living at home. These cases were reported from the following sources:—

Local Education Authority—	
as unsuitable for education at school	39
as needing special care after leaving school	30
	— 69
On discharge from Psychiatric Hospitals or guardianship (not Hertfordshire cases)	35
General Hospitals and Mental Nursing Homes	27
Moved into the County	22
Assistant County Medical Officers and Health Visitors	22
Family doctors	7
Relatives	14
The Police or the Courts	6
Ministry of Labour and National Assistance Board	3
Other departments of the County Council	18
	— 223

In addition, twenty-seven Herts mentally subnormal persons previously in psychiatric hospitals were discharged, and it was arranged for the Mental Welfare Officers to keep in touch with them.

In forty-five mentally subnormal cases visiting was discontinued during the year. Of these forty-five persons, thirty-three were adults, where it was felt no longer necessary to pay regular visits, six were children who had been previously excluded from the educational system but were now recommended

for admission to Special Schools, and six were children who had been referred as infants for the Mental Welfare Officers to visit, but on reaching the age of five years were found suitable to attend school.

There were eighty-five new mentally ill cases referred for visiting during the year. These came from the following sources :—

Hospitals	38
Family doctors	13
Health Visitors	9
Relatives	7
Other departments of the County Council	10
Ministry of Labour	3
H.M. Forces	3
Other sources	2
	—
	85
	—

Training Centres.

The Training Centres continued to provide a service very much appreciated by parents and relatives of mentally subnormal children and young adults. Six Centres are directly provided by the Authority, whilst at Cell Barnes Hospital, twenty-one places in the Hospital Centre are reserved for Hertfordshire children who attend daily. Also, by arrangement with Cell Barnes and Leavesden Hospitals, and St. Raphael's Colony, a number of young adults are permitted to attend for daily training.

At the end of the year, 210 mentally subnormal persons were on the Centres' rolls, and a further nineteen children and six adults were attending Cell Barnes Hospital, nine adults were attending Leavesden Hospital, and one adult was attending St. Raphael's.

The following table shows the number on roll at each of the Training Centres and Hospitals on the last day of the autumn term, and also those discharged during the year.

Centre	Admitted during 1960	Discharged in 1960	On roll, last day of term, 1960
Barnet	3	5	30
Hemel Hempstead	17	6	40
Hertford—Junior	17	20	37
Senior	24	2	22
Hitchin	9	6	34
Watford	12	11	47
Cell Barnes Hospital—Junior	6	6	19
Senior	2	—	6
Leavesden Hospital—Senior	2	3	9
St. Raphael's—Senior	2	3	1
	94	62	245

Discharges from Training Centres.

The following table shows the reason for discharge of sixty-two cases from the Training Centres and Hospital Departments during the year. Six children were recommended for transfer to schools, where in five cases they were making satisfactory progress at the end of the year ; one case, after a period of trial at a special school for educationally subnormal pupils, was re-examined and recommended for re-admission to a Junior Training Centre :—

DISCHARGES FROM TRAINING CENTRES, 1960.

	Juniors						Seniors				Total
	Barnet	Hemel Hempstead	Hertford	Hitchin	Watford	Cell Barnes Hospital	Hertford	Cell Barnes Hospital	Leavesden Hospital	St. Raphael's	
Re-admitted to the Educational system.	1	—	4	1	—	—	—	—	—	—	6
Admitted to Hospitals or Residential Care.	3	1	4	1	6	1	—	—	1	2	19
Transferred to Senior Training Centre.	—	—	9	1	—	2	—	—	—	—	12
Found Employment	—	—	—	—	1	—	—	—	2	1	4
Excluded as Unsuitable or over age.	—	3	1	2	1	1	—	—	—	—	8
Withdrawn by Parents	1	1	—	—	—	1	1	—	—	—	4
Left County or died	—	1	2	1	3	1	1	—	—	—	9
Totals	5	6	20	6	11	6	2	—	3	3	62

Training Centres—Waiting List.

There were three children awaiting places in Junior Training Centres at the end of the year. Arrangements had been made for two of these children to start at the Hertford Centre in January, 1961, the remaining child lives in Markyate, and it is hoped to arrange with the Bedfordshire Authority for her to attend for training at Dunstable. As far as is known all suitable cases will then be attending Junior Training Centres.

The following table gives the distribution, in the seven divisions of the County, of persons suitable for attendance at Senior Training Centres, subdivided into the numbers receiving this training, and for those at present not receiving training, whether willing to attend. :—

CASES SUITABLE TO ATTEND SENIOR TRAINING CENTRES.

Division	Males			Females			Total
	Attending	Not in Attendance		Attending	Not in Attendance		
		Willing	Unwilling		Willing	Unwilling	
North . .	2	5	3	4	7	5	26
East . .	1	5	3	16	2	11	38
South (includ- ing Elstree)	1	6	2	2	5	3	19
Dacorum . .	9	2	4	1	1	1	18
South-West . .	12	6	—	4	18	3	43
St. Albans . .	2	1	2	4	2	5	16
Mid . .	—	3	—	5	1	4	13
Totals .	27	28	14	36	36	32	173

Dr. Thomas, Medical Superintendent of Cell Barnes Hospital has no doubt that when Senior Training Centres are established—particularly if there is an associated hostel—there will be no difficulty in finding suitable cases among his patients.

Transport to Training Centres.

The Centres have wide catchment areas, and an extensive transport service over twenty-two different routes is operated. A further reduction in the use of the Ambulance Service on this transport took place during the year, when arrangements were made for contractors to take over seven routes previously covered by the Ambulance Service. By the end of the year, only

one route was regularly done by the Ambulance Service. Eight juniors and five seniors are brought to the Centres without using our special transport system.

Meals.

These are obtained through the School Meals Service of the Local Education Authority. Children up to sixteen are charged 1s. for the mid-day meal. Necessitous cases are assessed on the Education Committee's scale, and where eligible receive free meals. The charge to persons aged sixteen years and over, attending the Authority's Centres, is 1s. 9d. per day, and for persons attending the Hospital Departments, the charge is either 1s. 3d. or 1s. 6d. per day, being the charge to the Local Health Authority.

Occupational Therapy.

For some years, it has been felt that home teaching would be useful for subnormal adults, pending the development of Senior Training Centres. The part-time Occupational Therapist, appointed in October, 1960, carried out a survey of cases suggested by the Mental Welfare Officers as likely to benefit from home teaching.

Forty-six persons were seen, of whom thirty-seven were considered suitable. By the end of the year, fourteen of these had been taken on for regular visiting in Mid- and North Herts and St. Albans Divisions. It is hoped to appoint a second Occupational Therapist in 1961, who will be whole-time, and will cover the remainder of the County.

Admissions to Hospital.

Informal admission to Psychiatric Hospitals for the mentally subnormal had taken place since February, 1958, and for the mentally ill since October, 1959.

Local Health Authorities have been asked to continue to maintain waiting lists of mentally subnormal patients awaiting admission to hospital and to select cases for admission from the waiting list as vacancies occur. With regard to the mentally ill, arrangements for informal admission are made between the family doctor and the Psychiatric Hospital. Information is given later in this report on the procedure for compulsory admission to psychiatric hospitals of all types where this is still necessary.

The following table shows the age-range of the mentally subnormal persons awaiting admission to hospital at the end of the year. As in previous years, the majority of cases are under sixteen years of age.

	N.W. Met. Reg. Hospital Board					N.E. Met. Reg. Hospital Board				
	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
Males .	9	5	3	4	21	3	1	1	3	8
Females .	2	2	3	1	8	3	—	2	1	6
Totals .	11	7	6	5	29	6	1	3	4	14

There were one hundred mentally subnormal patients admitted to hospital during the year, compared with seventy-three in the previous year, when admissions had been restricted owing to extensive building work at Cell Barnes Hospital in early 1959, and the suspension of admissions towards the end of the year, owing to an outbreak of infective hepatitis.

It was possible to help a number of families during the year by arranging for sixty-two persons to have accommodation for short-term care, where permanent vacancies were not available or desired. In ten further cases,

emergency cases were arranged at Cell Barnes, Leavesden, and Harperbury Hospitals, when a Mental Nursing Home closed at short notice following the death of the proprietress, and it was necessary to make alternative arrangements for the care of the children, who had been placed there privately, until their parents could be contacted.

The following table shows the age-range of cases admitted for short stay to hospitals and private homes during 1960 :—

	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
Hospitals . . .	18	22	11	20	71
Private Homes . . .	—	—	1	—	1
	18	22	12	20	72

The Senior Psychiatric Social Worker, referred to earlier in this report, took up duty on 18th July. The following points are extracted or quoted from her report on her first six months' work in the Department. A great deal of time had in the first instance to be spent in getting to know the Mental Welfare Officers individually, familiarizing herself with the work of the Mental Health Section and of the other Sections in the Health Department, and of other Departments at County Hall whose work had a direct or indirect bearing on the work of the Mental Health Section. It was not always easy for a newcomer to adjust to Local Government procedure. She emphasizes in particular the confidentiality of records which is such an essential pre-requisite of a reputable social casework service.

Co-operation with other workers is an important part of any Social Worker's job and, for this reason, the welcome given by professional colleagues at County Hall was particularly appreciated. Having made the necessary contacts with colleagues in the Department, arrangements were made for her to meet the Children's Officers throughout the County, the Principal Probation Officer, the County Welfare Officer, and the Families Welfare Officer. Thereafter she embarked on a tour of the various Divisions where, once again, she met the appropriate people at divisional level. This was followed by a visit to each of the Mental Hospitals serving the County. In reporting on these visits, Miss Thomas says :—

“ Hertfordshire has hitherto enjoyed a good reputation for its provision for the mentally handicapped, and in the course of these duties, the Mental Welfare Officers have established very good working relations with the Hospitals catering for the mentally subnormal. I was given confirmation of this when I visited to introduce myself, and indeed once or twice I had the impression that the Superintendents looked at me askance, as though fearing I might be about to displace their well trusted friends ! ”

She also visited the Hospitals for the mentally ill, and in each instance had a talk with the Senior Psychiatric Social Worker on the question of referrals from Hospital to Local Health Authority. It was arranged that, whatever the method of referral, e.g. Medical Superintendent to County Medical Officer, there should always be an ultimate contact between the Hospital and the County Senior Psychiatric Social Worker to ensure that our limited staff should be used to best advantage. This arrangement seems to have worked well in practice. A great deal of time has been taken in discussing cases with the Mental Welfare Officers at group meetings and at individual interviews, but many other workers in the social services have found it helpful to talk over their difficult cases with an experienced Psychiatric Social Worker. As the result, her personal case-load has been small. In all her cases, she made a point of contacting the General Practitioners, and has almost invariably found that they have been glad to utilize her help. As the first experienced Psychiatric

Social Worker working in the Department's field services, she has sometimes been greeted "as a rather rare zoological specimen" by General Practitioners.

She had been apprehensive that her numerous contacts might precipitate more referrals than the Department could cope with, but in fact this has not happened.

At the time of taking up duty, Miss Thomas was committed to attend a series of thirty evening seminars at the Family Discussion Bureau at the Tavistock Clinic. The Chairman of the Health Committee agreed that the cost of the course should be paid by the Health Committee, and Miss Thomas expresses her gratitude for this arrangement. She has found the course of very great value.

She also acknowledges with gratitude the generosity of the Metropolitan Hospital Sunday Fund who have given to her a grant of money sufficient to establish a Samaritan Fund, which enables her to give financial help where she is satisfied that it is needed without having regard to any of the restrictions imposed on the disbursement of County funds.

Her report emphasizes the importance of the individual Mental Welfare Officers having an office in the area in which they are working. The value of a Social Case-Work Department depends on the quality of the service given and the confidence they can inspire, and it is important that the Workers should be personally known and easily available to those who may make a call on their services.

South-West Herts Division.

At the end of the year, Mrs. Coupland's case-load was 131 subnormals and twelve mentally ill receiving community care. She bears testimony to the excellent co-operation with the other Social Workers in the area. In helping one case, she had dealings with no fewer than ten people, County Council officers, social agencies, hospitals, and, in addition, various charities. She draws attention to the need for a Senior Training Centre or some similar facility for girls over sixteen years in her area, who are not suitable for employment in factories or residential work. She is experiencing an increasing demand for her services in connection with mentally ill patients. The work has proved varied and interesting, and is obviously meeting a great need in the community.

South-West Herts and Boreham Wood.

The following report from Mr. Bushell, the male Mental Welfare Officer in the South-West, is quoted in considerable detail because it contains interesting analyses and comments on some of the problems which are exercising the minds of those responsible for organizing a community care service for the mentally disordered:—

During the year, male subnormals of twelve years and upwards have been supervised in this area by a male Social Worker. At the commencement of the year eighty-two such cases were under supervision, and during the year forty-four new cases have been added, making a total of 126 of which five have been removed from the register.

Thirty-four of these new cases, at time of assuming supervision, were in employment, twenty-eight having received their final discharge from Leavesden or Cell Barnes, and six having just left E.S.N. Schools.

Of 121 subnormals now on the register for "friendly supervision"—

- 72 (59½%) are satisfactorily employed average earnings being £9 basic per week.
- 17 (14%) are incapable of work and cared for at home.
- 11 (9%) attend Daily Junior Training Centres.
- 11 (9%) attend Daily Senior Training Centre.
- 10 (8½%) have been admitted to hospital.

A "breakdown" of types of employment fulfilled shows that of seventy-two employed, 17 per cent are building and factory labourers; 12½ per cent

with Council Highways Departments ; $12\frac{1}{2}$ per cent gardeners ; 11 per cent machinists or carpenters (semi-skilled) ; $9\frac{1}{2}$ per cent packers and storemen ; 7 per cent brewery labourers ; 7 per cent shop and garage assistants ; $5\frac{1}{2}$ per cent optic lense grinders, and $5\frac{1}{2}$ per cent timber and paper mill labourers. Other work satisfactorily fulfilled includes furniture porters, milkman's assistant, window cleaner, and hotel work.

Once satisfactory employment has been found for the subnormal, he works unhesitatingly and to satisfaction of employer, providing he is protected against undue " leg pulling " by fellow employees, and that any new procedure required of him is carefully explained to prevent frustration crisis occurring. In such circumstances a mongol from the Junior Training Centre was placed six months ago and continues to hold his place in industry.

It is noticeable how very understanding employers of subnormals are in the Watford district. Several employers have overcome prejudices and have admitted that for repetition work the subnormal is more adaptable and conscientious than the normal employee. Two placements are quoted as being of particular interest :—

(a) Hemiplegic—speech defect on leaving E.S.N. was considered to be virtually unemployable due to disabilities and extreme slowness. Domestic furniture manufacturer gave this boy a chance, and within three months with most intelligent handling and encouragement, he proved that he could operate electric drill and screwdriver and makes platforms to jig specifications.

(b) Cerebral Meningitis case—ex-Grammar School—afflicted at age of seventeen had been attending Adult Training Centre for last seven years, motivation having been completely impaired. Case explained to management of optic firm, who provided employment within framework of four-man team, other members of team providing missing motivation. After three months management, members of team and patient all report complete satisfaction with this rehabilitation.

By way of experiment, during the latter part of the year, simple homework has been provided for three of those homebound and incapable of work. The experiment, with the help of a local firm, has proved most successful, and each has earned approximately 15s. per week for work fulfilled.

The most successful homebound worker, a boy excluded in the past from the Junior Training Centre and later from the Adult Training Centre, has increased his period of work concentration from twenty minutes to three hours and his parents report that he is much more manageable since this work has been provided for him. Credit in this boy's progress since the necessity for his exclusion from the above-mentioned Centres, is due to those who persevered with him at the Peter Pan Club meetings.

An Adult Club which was opened experimentally in early 1960 and re-opened in the autumn with most welcomed and needed equipment such as table tennis, billiards, darts, nine pins, etc., supplied by the County Council.

During the present session approximately thirty-six men have used the club, the average weekly attendance being eighteen to twenty, including residents of the nearby Hospital Hostel. The intention is to provide recreation and a weekly meeting place for those who are in the process of rehabilitation and resocialization from an institutional existence. It is noticeable that new members quickly accept the norm of behaviour of those who have been attending the club for some while. Furthermore, those who become really confident in society cease to attend the club, because they have joined other activities and developed outside interests. Activities within the club include internal and external games competitions, discussions, filmshows, etc., the maximum amount of informality being maintained. Participants reveal a quick ability to learn new games but find difficulty in scoring, etc.

It is noticed that both those who attend the club and others often develop a desire to read and write, when they have been in work sometime and are

reaching adult age. One, aged twenty-three, commenced daily half-hourly instruction with a young school teacher who lived nearby. The teacher reported that after twelve months, reading ability had advanced from five-year to eight-year nine months, and added that she did not feel that she would have been able to achieve this had she had even one more pupil, individual attention being essential.

East Herts Division.

Report by Mrs. Edwards.

“ Permanent vacancies have been very difficult to obtain in South Ockendon Hospital until the last two months, when several vacancies were made available. On the other hand, hospitals in the North-West area have been able to offer short-term vacancies during the summer period and twelve patients were admitted under this arrangement, thus enabling their families to take much-needed holidays.

The introduction of an out-patients' clinic at South Ockendon Hospital should prove invaluable when it is desirable to take patients in order to gain specialist advice regarding their future.

An endeavour is made to call in at both training centres in Hertford every fortnight, and in this way, a very good relationship has been developed with the staff which is of great benefit to those attending the centres. Mutual problems are discussed, and early home visiting often prevents minor difficulties from becoming major catastrophies. It was also possible to introduce more outwork at the Adult Training Centre, which has provided the girls with a limited amount of pocket-money.

There is developing a hard core of a few boys, who are virtually unemployable. I have devoted much time and care to trying to place all adults in employment, and have been received with the utmost courtesy and sympathy by prospective employers, especially in industry. In practically every instance, I have been taken on a complete tour of the factory, in order to see if any of the tasks could be undertaken by the people in question, but it has been obvious that the boys just could not cope with the available jobs. Although I have found these tours extremely interesting, and they have added enormously to my own education, I have also experienced the hopelessness which follows months of fruitless searchings which I realize only too well is felt by boys and their parents. After years of special schooling, interviews with Psychiatrists, and even attending outside training centres, some boys reach a dead end. They are a great source of anxiety to their parents. In certain cases, an effort is made to obtain permanent vacancies for them in institutions, as this is felt to be the only solution.

It has been easier to find employment for adult girls, as vacancies are usually available for such duties as domestic or laundry work. For those girls who prove unemployable, arrangements are made for them to attend the Adult Training Centre.

Another interesting factor regarding my work has been the increased number of referrals of mental after-care cases. Such cases provide very rewarding case-work, but are extremely time-consuming, often needing weekly or fortnightly visits for some time after their discharge from hospital. In practically every case, the patient has remarked how helpful and comforting it is to have someone in whom they can confide their troubles and anxieties, as most of them have felt it impossible to discuss their problems with relatives or friends. Many have said that had they been able to pour out their troubles instead of keeping them to themselves, they feel that their disturbances would not have become so acute.”

St. Albans and Dacorum Division.

“ At the end of 1960, there were 240 cases under care in these areas. They were composed of cases under statutory supervision, and voluntary supervision,

and also those on licence from hospitals and guardianship cases. Although with the operation of the Mental Health Act from the 1st November, 1960, the above categories no longer applied, the continued supervision of those in need was not affected.

There have been quite a number discharged from Order during the year, and in most cases this has proved quite satisfactory. Some, however, still need a great deal of help, and this is where a good landlady is of great benefit, since she can do more day by day with this type of case, than is possible by occasional visiting, and she will get in touch with the Mental Welfare Officer at once if further help is needed. Those who have been discharged after being under Order for a number of years, want to feel free, and would much rather not be supervised officially. Many would not mind the landlady's advice and help. The girls on licence need a good deal of supervision, and it is very difficult to deal with them. They form friendships with boys, since they very naturally want to be like other girls, but lack the ability to protect themselves against the unscrupulous type of man. The rather pathetic longing for affection, and to belong to someone is at the root of most of this kind of trouble.

There is still great need for residential vacancies for young children, and in some cases, the presence of a low-grade child in the home is causing great difficulty and hardship."

Miss Peace, in her report, is rather critical of the arrangement by which children, for whom we are responsible in the St. Albans area, attend the school run in Cell Barnes Hospital rather than an Occupation Centre run directly by the Health Department.

In October, Miss Peace handed over the Dacorum area to Miss Rendle who returned to duty after successfully completing the Course of Training for the Psychiatric Social Workers qualification.

I am indebted to Dr. Taylor for the following report on the development of the Mental Health Services in Welwyn Garden City, 1959-60.

1. During October and November, 1958, Dr. Palmer and I discussed his proposals for extending the work of Hill End Hospital at convenient centres around the parent hospital to provide a closer link with the work of the General Practitioners and the Local Health Authority and to give a more convenient and effective psychiatric service for some of the rapidly developing communities. Dr. Palmer was particularly anxious to promote the association between Hill End Hospital and Welwyn Garden City as the weekly sessions at the Cottage Hospital attended by Dr. Stephenson had been well supported by referrals from practitioners in the town. Owing to the limited accommodation at the Cottage Hospital, he was unable to arrange additional sessions there but we thought that much would be gained both by the Hospital Service and the Local Health Authority in holding additional psychiatric sessions at the Gooseacre Health Centre in direct association with the various clinic sessions held there throughout the week.

The following proposals were drawn up :—

(a) Facilities for interviewing patients to be made available at Gooseacre Health Centre up to a maximum of three sessions per week with clerical assistance. These sessions to be attended by Dr. Bearcroft, a selected Senior Hospital Medical Officer recently appointed to the staff at Hill End.

(b) In addition to her clinical sessions at the Health Centre, Dr. Bearcroft to be invited to participate in fortnightly group case discussions, for the instruction of A.C.M.O's, mental health workers and Health Visitors, and to provide an additional link in the referral of those in need of psychiatric advice and their after-care on leaving hospital.

(c) Suitable premises to be sought with a view to establishing a Day Centre for mental health work in the town and a social club.

2. In agreeing to these joint proposals, Dr. Dunlop emphasized that the Local Health Authority was not in a position to accept a considerable increase in demand for social work in this category until more experienced mental health social workers had been recruited. In the meantime some of the work could be undertaken by the Health Visitors according to their individual aptitudes and the time they could give beside their other commitments.

3. As the co-operation of the medical practitioners was an essential preliminary to the launching of the scheme, Dr. Stephenson and Dr. Bearcroft sought their goodwill at a meeting at the Cottage Hospital when the proposals were discussed in detail. The practitioners were given an assurance that only those patients referred by their doctors would be seen by the psychiatrists at the additional sessions.

4. The scheme was put into effect early in 1959 when Dr. Stephenson inaugurated the additional consultant sessions at Gooseacre Health Centre and was succeeded by Dr. Bearcroft in April when she became available for all the clinic sessions, Dr. Stephenson continuing mainly at the Cottage Hospital. The number of patients referred by the medical practitioners and Health Visitors soon provided ample work for the three additional consultant sessions and no problems have been experienced in associating the psychiatric sessions with the child welfare and other clinic activities at the Health Centre. The majority of patients seem to prefer attending for advice at the Health Centre, feeling less conspicuous in the more informal atmosphere. All appointments and records are maintained under confidential cover by the senior secretary in the Divisional Health Office, whose interest in the scheme has contributed to the smooth running of the sessions. It is of interest to note that several patients referred to Dr. Bearcroft by the Medical Practitioners had previously attended other sessions at the Health Centre, e.g. child welfare, marriage guidance, and parents attending at the child guidance clinic, so that direct consultation has been possible following referral.

5. While Dr. Bearcroft is prepared to see children referred to her by the practitioners, it has been found preferable in practice for children to be referred to the Child Guidance Service which already provides an adequate and comprehensive service for the town.

6. From April, 1959, until March, 1960, 435 attendances were made by eighty-two patients at ninety-eight sessions, and from April, 1960, to March, 1961, 792 attendances were made by 108 patients during a total of 122 sessions.

7. The Group discussions have proved of particular value to the A.C.M.O's, Health Visitors and Social Workers, who have attended as often as their work permits, providing further practical experience of mental health work to supplement knowledge gained on other courses arranged at Boreham Wood and Napsbury. I have been very impressed by the understanding of mental health problems shown by the staff at these meetings, a standard which continues to rise as they accept increasing responsibilities. Most of the Health Visitors' work in this sphere is with families met in the course of routine visiting. Many of these families have recognizable social problems, caused perhaps by an inherent instability of father or mother, for some time before the breakdown becomes imminent. Before and after childbirth is a common time for breakdown which may call for co-operation between midwife and Health Visitor. The majority of General Practitioners have proved willing to discuss cases at the Health Visitor's request and refer them to Dr. Bearcroft if necessary. In mental health work as in other aspects of her work the Health Visitor, by her training and experience, is especially valuable for early preventive support, particularly for young and harassed mothers.

8. Throughout the year three members of the staff taking up this work enthusiastically found themselves somewhat perturbed with some of the problems with which they were dealing and needed to lighten their load. In this it is not possible to lay down precise limits but three or four disturbed persons needing regular and informed advice with occasional acute upsets is probably as

probably much as a Health Visitor should accept at one time in addition to her other duties.

9. As mentioned above there has been good co-operation from the general practitioners in the town, not that the scheme has progressed without criticism from one or two young and independently minded doctors. I have been highly entertained by some of the letters passing between these General Practitioners and the psychiatrists and yet after a year or so, it is just these young doctors who seem to provide the closest liaison and interest in the scheme.

10. Unfortunately it was not possible to find suitable premises which could be adapted for use as a Day Centre, although this will of course be provided for the town in ideal conditions at the new hospital in 1963. Early in 1960, the Tuesday Club was established at the British Legion Hall with the combined support of the Hill End Hospital staff and the Standing Conference of Women's Organizations in the town. The Club meets monthly with an active membership of forty-nine including twenty-five patients or ex-patients and nine relatives.

11. Mrs. Witter, who commenced duties as Mental Health Social Worker during 1959, gives most valuable support to families with mentally handicapped children, the supervision of adult handicapped persons, and in the after-care of some patients likely to need prolonged visiting after treatment in mental hospitals. The Hill End Hospital has established an After-Care Team under the direction of Dr. Bearcroft, which meets regularly at Hill End to discuss the after-care of patients, and consider which need to be visited by the Hill End Hospital social workers, and what part, if any, the Local Health Authority can play in providing support. A brief confidential discharge report is sent to the County Medical Officer on all patients discharged from Hill End Hospital who permit this information to be disclosed, with recommendations regarding after-care.

12. Mrs. Baker has continued her most valuable preventive work at the Child Development sessions at Gooseacre, details of which have been provided in a separate report. She has also given a short course of instruction for the Health Visitors in Welwyn Garden City on behaviour problems in young children, which was greatly appreciated. Her place in the Child Guidance team has been taken by Miss McCall, Psychiatric Social Worker, whose genial personality and ever willing response over a whole range of problems arising in school children is of great value.

13. On reviewing the scheme as it has developed over the past two years, I feel that we have made some progress towards our two primary objects, firstly the promotion of more active interest and participation in mental health work among medical practitioners, the Local Health Authority staff, and voluntary organizations in the town, to the great benefit of those in need of skilled advice and support ; and secondly, in establishing sound practical working relationships between the staff of Hill End Hospital, the doctors, and the Local Health Authority, so that each branch of the service can use its resources to best advantage and each recognize the essential part which can be played by their colleagues in this work.

14. The scheme owed its origins to the inspiration and continued support from Dr. Palmer at Hill End Hospital, ably supported by Dr. Stephenson and Dr. Bearcroft, and I am sure that much of the progress we have made has been due to the personalities of those playing a part in the scheme. I must thank Dr. Dunlop for giving us a free hand to develop our scheme with the more extensive use of the health visiting staff than elsewhere in the County, and here again, I must acknowledge the enthusiasm of Miss Reay, my Divisional Nursing Officer, who has given much of her time in consultation with the Health Visitors on the problems arising in their mental health work.

15. During 1960 the health visitors and district nurses gave help in various types of mental health problems. In all, they made 490 visits to fifty-two persons in need of advice and support.

The following points are extracted from the report of the Psycho-therapist :—

As Psycho-therapist to the County Council, two-thirds of my time is given to the County and one-third by arrangement to the Mid-Herts Hospital Group Management Committee.

This work for the County has two distinct aspects. Part of the time is given to the Psycho-therapeutic treatment of maladjusted boys at Boxmoor House School and the rest of the time to working with the Health Visitors in the various divisions. This is a new development and is proving most interesting and useful.

The time with the Divisional Nursing Staff is devoted to discussions on various topics concerned with the psychological development of children and the wisest way to handle emotional problems and psycho-somatic disorders.

Specific cases are described by the Health Visitors and these are considered with them. Certain of these cases are then seen by me individually in order to ascertain whether they require to attend a Child Guidance Clinic or whether the problem can be resolved by discussion with the Health Visitor and through her with the family.

In this way it is hoped that real preventive work will be done and that many of these children will, therefore, not require clinic treatment in later years.

There is room for much development along these lines, so far no more than a beginning has been made, but it holds great promise for the future.

The following points are extracted from the report of the Social Therapist responsible for running the Corner Club, Watford.

Although 1960 was a comparatively uneventful year for the club, there were three or four items of interest which illustrate quite plainly that the work and purpose of the club is being fulfilled.

Outside Activities.

Early in the year a party of fifteen club members went to the theatre in London. This may sound quite commonplace but it should be remembered that some of them are very sick people and until becoming members of the club did not move much further than the precincts of their homes and jobs from one year's end to another.

Towards the end of the year a second and more adventurous outing was undertaken. This time twenty members went out to dinner on a Saturday evening at a Chinese restaurant in Wardour Street. On each of these occasions they were in the company of the Social Therapist but I would stress that the responsibilities for getting to and from each place etc., were entirely their own.

The third enterprise was undertaken by two young men who organized entirely on their own, a Continental holiday, travelling across France and Italy in their own transport. One of them is a keen amateur photographer and has since entertained the club with slides taken during this holiday. Before joining the club both of these men were isolated, solitary people, and meeting nobody outside their jobs and families.

During the summer there were the usual rambles organized entirely by the members themselves and also a small party visited the *Cutty Sark*.

Within the Club.

The programmes were as usual planned by the Committee—a new Committee elected by the members each six months—and it is notable that there have been no startling incidents to recount, with everybody taking part in the activities as far as they are able and also accepting their responsibilities. A small hobbies section was started a few months ago and to date there have been several baskets made and sold and there is at present quite a large rug in the making. We are hoping to make some toys later on.

Miscellaneous.

A young girl of nineteen who has not worked for at least three-and-a-half years is now in her second term as a full-time pupil at a Technical College. This illustrates the prophylactic aspect of the club as this girl could so easily have become a full-time patient in Napsbury instead. Her success so far has been achieved almost solely through her attendance at the club.

Finally, I would like to mention that during the year it was considered that it would once more be worth while to circularize all the local General Practitioners informing them of the work and purpose of the club and indeed, its existence. This was done and we are very pleased that two of them responded by referring patients.

The club is now in its thirteenth year and far from being an awkward adolescent, I would say that it has reached a full maturity with an increasing membership and a strong sense of responsibility.

Administrative Provisions—Mental Health Act, 1959.

The Mental Health Act, 1959, came into operation on the 1st November, 1960, and repealed the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts under which patients had previously been detained in hospital or made subject to guardianship.

The Duly Authorized Officers and the Mental Health Social Workers who had previously been authorized to take action under these Acts have been appointed Mental Welfare Officers, and from the 1st November, 1960, have been responsible where necessary to take appropriate action for the compulsory admission to hospital or placing in guardianship of mentally disordered persons, under the Mental Health Act.

Compulsory detention now requires, unless on emergency grounds, two medical certificates, one of which must be given by a medical practitioner specially approved by a Local Health Authority as having special experience in the diagnosis or treatment of mental disorder. By the end of the year, fifty medical practitioners were approved by this Authority.

Local Health Authorities are also responsible under the Act for the registration of Mental Nursing Homes. There were in Hertfordshire six private establishments, previously registered with the Board of Control. They had to be treated as Mental Nursing Homes for the six months commencing 1st November, 1960, and during this period, the Authority was required to consider whether this registration was appropriate. One of these establishments closed just prior to the end of the year, and one other has not applied for registration, as the person who runs it will be retiring in early 1961.

Applications for registration have been received from the remaining four establishments, which are being recommended for registration. Mental Nursing Homes registered with Local Health Authorities are subject to periodic inspection, and the Authority's Medical Officers, Nursing Officers, and Mental Welfare Officers have all been authorized for this purpose.

Statutory Actions taken during 1960.

Up to 31st October, when the new regime came in, twenty-two cases had been dealt with under the old Mental Deficiency Act procedure. Ten of these were not Hertfordshire patients but were in hospitals in this County when statutory action became necessary.

The report of the Senior Duly Authorized Officer which follows deals with actions taken under the Lunacy and Mental Treatment Acts up to the 31st October, 1960 ;—

During the period from 1st January to 31st October, 1960, cases were dealt with by the Duly Authorized Officers under the former Acts as follows :—

	Men.	Women.	Children.	Total.
(1) <i>Reception Orders (Certified Patients).</i>				
Admitted direct to Hospital	6	21	—	27
Admitted to Hospital after " observation " under Sections 20/21	1	—	—	1
By action subsequent to making of Urgency Order	13	19	—	32
By action subsequent to admission as Voluntary patient	2	2	—	4
By action subsequent to admission as Temporary patient	—	—	—	—
By action subsequent to admission as " Informal " patient	9	2	—	11
(2) <i>Voluntary Patients.</i>				
Admitted direct to Hospital through the Authorized Officers	3	4	—	7
Admitted to Hospital after " Observation " under Sections 20/21	—	—	—	—
By action subsequent to admission to Hospital under Urgency Order	9	16	—	25
(3) <i>Temporary Patients.</i>				
Admitted direct to Hospital	—	1	—	1
Admitted to Hospital after " Observation " under Sections 20/21	—	—	—	—
By action subsequent to making of Urgency Order	—	—	—	—
(4) <i>Urgency Orders.</i>	78	157	—	235
(5) <i>" Observation " Cases.</i>				
(i.e. patients admitted to " Observation " Wards under Section 20/21 (including those above who were subsequently admitted to Mental Hospitals).)	18	34	—	52
(6) <i>Informal Patients.</i>				
Admitted direct to Hospital after consultation with Authorized Officers	23	18	—	41
By action subsequent to admission to Hospital under Sections 20/21 (Observation)	10	24	—	34
By action subsequent to making of Urgency Order	42	104	—	146
(7) <i>Cases advised by the Authorized Officers without specific action</i>	22	45	2	69
Total " actions " taken	236	447	2	685

(These figures exclude " out-county " cases to which reference is made below.)

Many patients are the subject of more than one " action ", e.g. first admitted under an Urgency Order and subsequently certified or transferred to the Voluntary Class, etc.

The total number of individuals included in the above statistics is 445 (160 men, 283 women, and two children). These figures do not include persons admitted direct as voluntary patients or " informal patients " through their own Doctors, Psychiatric Out-Patients' Department, or otherwise than by reference to the " Duly Authorized Officers ".

Of the fifty-two cases dealt with under Sections 20/21, forty-one came from East Herts area and were admitted to the " Observation " Wards at Claybury Hospital, and four were admitted to Fulbourn Hospital from North Herts area. The remaining cases came from the South-West Herts area and were admitted to several hospitals in the London area.

Where cases were admitted to the Napsbury and Shenley Hospitals in this County from their wide catchment areas outside Hertfordshire, other than under Summary Reception Orders, and further action was subsequently required, it was necessary for Hertfordshire Duly Authorized Officers to be called in to take such action. During the period thirty-four of these cases (nine men and twenty-five women) were dealt with by the Officers for the St. Albans, South Herts, and South-West Herts areas. These cases are in addition to those shown in the above table and added to the work of the Officers in the areas concerned.

During the period under review, the following persons of pensionable age were certified :—

60-64.		65-69.		70-74.		75-79.		80 and over.		Total.		
M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	T.
—	2	1	2	—	2	2	3	—	1	3	10	13

MENTAL HEALTH ACT, 1959.

One of the main objects of the Mental Health Act, 1959, was to minimize the use of compulsion when arranging the treatment of mentally disordered patients, but there was no diminution in respect of mentally ill patients during the last two months of the year, after 1st November, when the Act came into force. This was not altogether surprising since the public, the Mental Welfare Officers, and the Family Doctors had all to learn to use the new Act.

The following notes describe the new compulsory procedures and the actions taken during these two months.

Section 29 of the Mental Health Act permits the compulsory admission to hospital, in the case of urgent necessity, of patients on an application by either a Mental Welfare Officer or any relative, supported by one medical certificate, and the patient may be detained for up to seventy-two hours, and if a second medical certificate is completed within that time, the patient may continue to be detained for up to twenty-eight days.

An application under Section 25 for a patient's admission for observation has to be supported by two medical certificates, and the patient may be detained for up to twenty-eight days. If further detention is necessary, an application must be made under Section 26.

Applications for treatment under Section 26 permit the patient to be detained in hospital for an indefinite period, subject to renewal of the authority at the intervals laid down in the Act. The nearest relative of a patient detained under Section 26 may order the patient's discharge, subject to giving seventy-two hours' notice to the Hospital of his intention to do so, and if within that period the responsible Medical Officer certifies that the patient is likely to act in a manner dangerous to other persons or to himself, the order for discharge shall be of no effect.

There are further provisos in the Act regarding actions for the admission of patients for treatment under Section 26. The Mental Welfare Officer is required to consult the nearest relative, and if this relative objects, an application may not be made. It is possible for the nearest relative to be displaced and another person, or the Local Health Authority, appointed to exercise the functions of the nearest relative. This is done by order of the County Court.

In the case of patients over twenty-one years of age, an application for admission for treatment may only be made where two medical practitioners certify the patient to be suffering from either mental illness or severe sub-normality of a degree which warrants detention in hospital, and that this is necessary in the interests of the patient's health or safety or for the protection of other persons. For a patient aged over twenty-one, suffering only from psychopathic disorder or subnormality, application may not be made for admission for treatment under Section 26. He can be detained in hospital

on an application for observation, for a period not exceeding twenty-eight days. For this type of patient, more extended detention can only be authorized by the making of a hospital order by a Court.

The Act also prescribes the circumstances in which mentally disordered persons may be made subject to guardianship. A guardian may be a person or a Local Health Authority.

<i>Actions taken under the Mental Health Act, 1959</i> (i.e. from 1st November, 1960–31st December, 1960).	
(A) <i>Mentally Ill Patients.</i>	
Section 29	63
„ 25 (a) Direct to Hospital	10
„ (b) Following informal admission to Hospital	3
„ 26 (a) Direct to Hospital	9
„ (b) Following informal admission to Hospital	2
„ (c) Following detention in Hospital for observation	11
(B) <i>Mentally Subnormal and Severely Subnormal Patients.</i>	
Section 26 : Following informal admission to Hospital	1

HOSPITAL CATCHMENT AREAS.

There was no change in the hospital catchment areas in 1960.

Representations were made by the County Council and a number of local bodies on a proposal by the North East Metropolitan Regional Hospital Board that mentally ill patients from East Herts should be admitted to Severalls Hospital, Colchester, instead of Claybury Hospital, Woodford Green, as at present. After consideration of this proposal by the Minister of Health, the Board was informed that the Minister was prepared to accept the Board's proposals, subject to the condition that the new arrangements are not brought into effect until an In-patient Psychiatric Unit at the Herts and Essex Hospital, Bishop's Stortford, is functioning.

HEALTH EDUCATION.

In 1960, one of the Divisional Nursing Officers was sent on full pay for a year's course at London University in Health Education and Teaching Methods. When trained this officer will be able to give considerable assistance with health education to the nursing staff and will be able to co-ordinate the work of the Department in this field.

During the year the Committee agreed to participate in two schemes organized throughout the Home Counties by the London County Council. The first publicized poliomyelitis vaccination for which Hertfordshire contributed £120 and the second on Home Safety cost this County £165. Provision has been made for similar joint schemes for next year.

An essay competition by school children in secondary schools in the County was held in 1959 on Smoking and Lung Cancer and prizes amounting to £9 were paid by the Health Committee for the best entries. The following report on smoking habits extracted from my 1960 Report as Principal School Medical Officer reads as follows :—

Several medical officers have made observations on the smoking habits of school children. Dr. Richards carried out an investigation of the fourteen year-old children whom she examined at grammar schools and secondary modern schools. All those who attended without their parents were questioned on their smoking habits. Questions about smoking when parents were present were bound to cause embarrassment and it seemed unlikely that the replies would be of any value. From analysis of the results it was found that about 50 per cent of boys of this age group smoked cigarettes, while over a third of those were smoking twenty or more cigarettes per week. The incidence of cigarette smoking among girls was approximately 10 per cent and none of those smoked more than twenty cigarettes weekly.

There was a higher incidence of cigarette smoking among the boys in secondary modern schools compared with those boys at grammar schools.

The results of this investigation were not statistically significant on account of the small numbers involved, but gave some indication of the present trend in smoking habits of school children.

Another investigation was carried out in the Oxhey Estate by Dr. Barasi in conjunction with the London School of Hygiene. This area was selected for field research in the smoking habits of school children as it contained two secondary modern schools of comparable social groups. An analysis of the smoking habits of the thirteen to fourteen year-old age group in both schools were obtained by means of a questionnaire. Besides being asked questions on their smoking habits and those of their parents, the pupils were questioned on their attitude to smoking, in order to estimate their reason for starting to smoke. One of the schools was selected as a control while in the other school a vigorous anti-smoking campaign was provided, which consisted of a poster display prepared by the Central Council of Health Education together with talks by the Headmaster, class discussion and films.

The results of the investigation showed that there was no difference in the smoking habits at the two schools at the beginning of the investigations, while a further assessment after the anti-smoking campaign showed a similar result. There had been, therefore, no reduction in smoking despite the campaign.

Dr. Barasi states: "to change the long-standing habits of a community, especially with the whole family participating, must require more than a short-term campaign at school, which cannot hope to compete with the pressure of advertising in the Press, on television, and on the street hoardings."

LIAISON ARRANGEMENTS.

The Minister has asked for a report on liaison arrangements with hospitals with particular reference to the nursing of sick children at home and the after-care of children discharged from hospital. A meeting was held with the Paediatricians in 1960 to discuss ways of achieving closer liaison between the Local Health Authority Child Welfare staffs and the Hospital Paediatric Units. Seven Assistant County Medical Officers are regularly attending Paediatric Units either during ward rounds or at out-patient sessions. In addition, at Hemel Hempstead and Hitchin, Health Visitors attend the Paediatric Unit. In the East Herts area, too, arrangements have been made for Health Visitors to attend Hertford County Hospital, the Herts and Essex Hospital, and the West Middlesex Hospital. After preliminary enquiries, and discussions with the Paediatricians it was decided that difficulties in recruitment of Local Health Authority staff made it virtually impossible to bring in Home Care Schemes for sick children at present but it has been agreed that this should be further reviewed at the next meeting with the Paediatricians.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

An ever increasing number of persons wish to look after children for gain during day-time hours, either by receiving them into their own homes or by a form of nursery school. All who do so for more than two children under five years, unless from the same family, must register under this Act. The Nursing Officers inspect the homes, if the homes are to be used or the halls or other premises suggested and make full reports on the facilities and conditions. If the prospective Minders are approved they are visited regularly afterwards. It is not always easy to state the number one housewife can look after in her home as so much depends not only on the individual but also on the arrangements of the rooms in the house and the period during which the children are to be

cared. Generally, however, the number is limited for registration to five or six in a home at one time unless there are special circumstances.

TABLE 48.

	Nurseries	Daily Minders	Places Provided
1956	14	49	316 449 } 765
1957	17	59	391 } 439 } 830
1958	25	113	635 } 712 } 1,347
1959	27	125	688 } 830 } 1,518
1960	32	155	799 } 995 } 1,794

DISTRIBUTION OF NURSERIES AND DAILY MINDERS.

<i>Division.</i>	<i>Nurseries.</i>		<i>Daily Minders.</i>	
	<i>Number registered.</i>	<i>Places provided.*</i>	<i>Number registered.</i>	<i>Places provided.*</i>
Dacorum . . .	6	147	21	142
East . . .	4	83	9	87
North . . .	7	187	39	204
St. Albans . . .	4	98	17	103
South . . .	1	70	7	45
South-West . . .	5	114	20	171
Welwyn . . .	5	100	42	243
Total . . .	32	799	155	995

* *Note.*—This figure includes any children of the minder under the upper limit of school age.

A Daily Minders Scheme on the lines of those coming within this Act was instituted in the County some years ago in Hertford and Ware, Stevenage and Hemel Hempstead—in Hertford and Ware, when the Day Nurseries in these two towns closed down and in the two New Towns because of the demand for some form of help for a few families who came within the Day Nursery categories. On the 31st December only seven Daily Minders were caring for nine children placed there by the Health Department.

NURSING HOMES.

At the 31st December, 1960, the number of Nursing Homes registered under the Public Health Act, 1936, was nineteen, two less than at the end of 1959. The Homes in total are registered for forty-nine maternity cases and 290 medical, surgical, or chronic sick patients. Four applications for increase in the approved number of beds were dealt with during the year, though at the 31st December two of the Homes had not complied with the recommendations of the Fire Protection Officer and, therefore, the original registrations have not yet been amended.

In 1959 the Hertfordshire County Council decided to promote a Private Bill to obtain various general powers.

One clause in the Bill was designed to reinforce the powers contained in the Public Health Act, 1936, in relation to Nursing Homes. This Bill, now the Hertfordshire County Council Act, 1960, empowers the Council to lay down conditions precedent to registration, and subsequently to satisfy themselves that the conditions are being observed. It enables the County Council to specify the conditions of registration in some detail, e.g., the rooms to be used for nursing and the number of patients in each ; the qualifications of the person in charge, and numbers, qualifications, and experience of the staff ; and a requirement that the patients are to be given adequate medical and nursing care. The person registered must do everything reasonably possible to ensure that the staffing is kept to the required standard. Furnishings and equipment must be provided and maintained on an agreed scale and standard. The catering arrangements must be satisfactory, and an adequate and suitable diet provided for all patients. Each patient must have a card recording the details of nursing care and the times of medical visits.

Several of these points are, of course, already covered in Section 189 of the Public Health Act, 1936, but it is perhaps not generally appreciated that Section 189 merely lists the grounds on which registration may be refused or revoked and that, in court proceedings, the authority would probably be called upon to show why it was considered that any particular item justified this action. This situation should not arise to the same extent if the applicant, at the time of registration, has accepted the conditions without exercising the right of appeal provided in the Act.

PRIVATE OLD PERSONS HOMES.

These Homes, registered by the Welfare Committee under the National Assistance Act, 1948, are inspected regularly by Nursing Officers on behalf of the Welfare Department. At the end of the year thirty-seven Old Persons Homes were registered and under supervision, one less than at the end of 1959.

Nurses Agencies.

Only one Agency registered with the Hertfordshire County Council in 1960.

ENVIRONMENTAL HYGIENE AND SANITARY ADMINISTRATION.

This report deals with the work of the County Health Inspector.

MILK AND DAIRIES.

(a) Sampling of Milk for the Detection of Tubercle Bacilli.

On the instructions of the Committee, efforts were made during the year to increase the frequency of milk samples from tuberculin tested herds and, in fact, most of the herds in the County were sampled twice during the year. Our former policy had been to sample tuberculin tested herds once yearly, while non-designated herds were sampled twice. In practice, the Sampling Officers had increased the frequency of sampling tuberculin tested herds over the last three years and, in spite of the gradual reduction in the number of Hertfordshire farms producing milk, the number of biological samples had been maintained.

Hertfordshire is now an "attested" area and all reactors are slaughtered and not sold in the open market as used to be the case. There is not the same need for frequent biological sampling and annual sampling should be sufficient. All but forty-five herds are now tuberculin tested out of a total of 555.

The only positive sample during 1960 was from a tuberculin tested herd

where there had been, in fact, a "break-down" and it was thought that the animal responsible was a cow which was slaughtered by the Ministry of Agriculture, Fisheries, and Food, Animal Health Division, between the time of sampling and the notification of the result by the laboratory. Other cattle were also slaughtered from the farm but this was the only animal which showed definite lesions of tuberculosis.

The following table shows the results of sampling over the last five years.

MILK SAMPLES FOR BIOLOGICAL TESTING FOR THE PRESENCE OF TUBERCLE BACILLI.

TABLE 49.

Year	Total No. of Completed Tests	Non-designated			Tuberculin Tested		
		Neg.	Pos.	%	Neg.	Pos.	%
1956	1,016	329	9	2.66	677	1	0.15
1957	949	236	10	4.07	700	3	0.43
1958	1,065	222	2	0.90	841	—	—
1959	953	120	—	—	831	2	0.24
1960	915	49	—	—	865	1	0.12

An interesting development during the year, followed a remark by the Divisional Veterinary Officer that in the case of certain herds, routine tuberculin testing has shown ill-defined reactions and it is thought that these may not always be caused by bovine tubercle infection but by contact with farm workers infected with human T.B. It is obvious that one has to treat information such as this with great tact and delicacy and, where possible, to follow up information with suggestions that cowmen and others visit the Mass Miniature Radiology Unit when it is in the district. In one particular case we were able to confirm the fact that a cowman had recently started treatment for pulmonary tuberculosis.

In another instance, the atypical reaction to the tuberculin test was observed in a group of cows which had been "dry" and were isolated from the rest of the herd in a field bordering the site of some new road works. It was known that the cows could have had access to human excrement, but our efforts to find whether any of the workmen in question had suffered from tuberculosis, were unsuccessful.

(b) *Brucella Infection in Milk.*

Our biological samples are tested for the presence of *Brucella* organisms in addition to those of tuberculosis. *Brucella abortus* causes contagious abortion among cattle and is responsible for undulant fever in man. Undulant fever is not a notifiable disease and no cases came to light during the year.

In some counties, the percentage of *Brucella* positives in biological milk samples is still relatively high. In Hertfordshire, up to ten years ago, the number of positive samples varied between 10 and 15 per cent but there has been a gradual reduction and in 1960, out of a total of 905 samples from all herds, there were nine positives (1 per cent). While we used to differentiate between samples from tuberculin tested and non-designated herds, the reduction in the number of the latter would make comparisons meaningless.

It is probable that the fairly widespread use of "strain 19" vaccine in calfhood inoculation has done a great deal to reduce the number of *Brucella* positive milk samples.

(c) *Supervision of Pasteurizing Plants.*

The County Council, in so far as it is the Food and Drugs Authority, licenses and supervises pasteurizing plants throughout the County. During the year, three dairies for which pasteurizing licences were in force, stopped heat-treating milk and are now depots where milk can be cold-stored and distributed. We now control ten pasteurizing plants of which four use the High Temperature Short-time process and six have "Holder" plants.

The High Temperature Short-time plant subjects milk to a pasteurizing temperature of not less than 161° F. for a period of not less than 15 seconds while the batch holder heats and retains the milk at a temperature between 145° and 150° F. for not less than 30 minutes.

The following table shows the results of pasteurized milk samples taken during the year.

TABLE 50.

PASTEURIZED MILK SAMPLES.

	Phosphatase Test			Methylene Blue Test		
	Pass	Fail	%	Pass	Fail	%
Holder . . .	306	9	3	306	2	0·6
H.T.S.T. . . .	221	—	—	220	—	—

It is gratifying to see that there were no sample failures from H.T.S.T. plants during the year. The nine phosphatase failures from holder plants were fully investigated. The main causes for failures were either accidental discharge of the holder before a full half-hour holding process was completed or the failure to reach pasteurizing temperatures. Full checks are carried out as a routine at all pasteurizing plants and thermometers are tested against Standard National Physical Laboratory Tested check instruments. Great stress is laid on checking leaks in valves in pasteurizing plants which might result in milk which had been partially treated flowing to the finished milk section of the plant and also seeing that such vital accessories as flow diversion valves are functioning properly.

(d) *Supervision of Dairies.*

Under the Milk (Special Designation) Regulations, 1960, the County Council as Food and Drugs Authority became responsible for licensing dairy premises within the Food and Drugs area of the County. The Regulations come into force on the 1st January, 1961, but many visits were completed before the end of the year so that full information on all these dairy premises could be gathered. So far, 178 dairies have been licensed and these have all been inspected. They include 115 shop premises many of which are small and

only sell sterilized milk. It is difficult at this stage to see what extra work will be involved in supervising all these premises although it is obvious that they will have to be graded into those dairies where raw milk is bottled or handled down to the small village store which confines its sales to small quantities of bottled milk.

The problem of whether a milk vending machine should be registered as a dairy was causing some concern towards the end of the year.

SWIMMING BATHS.

Forty-six swimming baths are now approved for use in the County. Of these, twenty-three are public pools with continuous filtration and chlorination systems, one is a modern pool at a private factory, and twenty-two are school pools. Of the latter, fourteen have "continuous flow" systems and eight are "fill and empty pools". During the year 686 samples were obtained from the thirty-six "continuous flow" type of pool and there were twenty-four failures (3.9 per cent). One public pool had five failures out of a total of forty-five samples due to a defect in the circulation system. This was corrected and during the rest of the season, excellent results were obtained. Of the remaining public pools, two had three failures each during the season, one had two failures, and three had one failure each. Inquiries into the reasons for these failures showed that the usual cause was lack of chlorine in the water. Failure to hold spare cylinders of chlorine and delay in getting fresh supplies happens from time to time. Mechanical breakdowns in plant are fortunately rare.

Of the ninety-one samples taken from "fill and empty" pools there were six failures, equivalent to 6.6 per cent. Two pools each had two failures while two other pools had one failure each. These results must be considered as quite satisfactory in view of the fact that every effort is made to check the water at a time when failing samples are most likely to occur. While the "continuous flow" type of pool purifies the water by circulating it through filters and by the injection of chlorine automatically, the "fill and empty" type of pool depends rather more on the human element and day to day chlorination by hand. After about a week or ten days the water in the pools is replaced by clean water and the process is repeated. If samples are taken at a time when the pool is due to be emptied, there is more likelihood of failures occurring.

The enthusiasm of teaching staff and Parent/Teacher Associations for "do it yourself" pools is as great as ever. Many inquiries were dealt with during the year from schools where work is to go ahead. Two of these pools were completed during the year, one being 75 feet long, and the other, 50 feet. One is for the present being run on "fill and empty" lines but with a modified circulation system while the other will be fully equipped with an efficient chlorination and sand filtration system in the near future. So far, ten pools have been built in the County by Parent/Teacher Associations. Four are still run on the "fill and empty" system, while four which started as "fill and empty" pools, now have continuous flow purification systems. These improvements result from the enthusiasm of the volunteers who, having overcome the major obstacle in building the pool, wish to go on with the good work and provide every modern facility. Two pools were equipped with continuous flow systems from the beginning.

In addition, two new public pools were used for the first time. Both these pools are modern and equipped with up-to-date water purification equipment.

REFUSE DISPOSAL.

The deposit of refuse imported from one district to another is prohibited under Section 26 of the Hertfordshire County Council Act, 1935, unless consent

is issued jointly by the County Council and the District Council in whose area the tipping takes place. These Consents can stipulate the conditions under which refuse is to be tipped and enable operations to be controlled in such a way as to prevent nuisances arising. During the year three new consents were issued, two of them being for sites which are to be used for organic material and the third for a site where inorganic waste is to be tipped. In addition, the new Hertfordshire County Council Act enables the County Council to licence most refuse tips irrespective of whether the refuse is imported or not. The Act excludes the tipping of refuse by Local Authorities within their district provided that the refuse "is of such a nature as is not likely to cause a nuisance".

During the year 375 visits were made to refuse tips by Officers of the Department.

A problem which has arisen in the last year or so is the disposal of radioactive waste in refuse dumps. From time to time, requests are received from Research Organizations or Industry for sites which are safe for the reception of radioactive materials. The Government White Paper on the control of radioactive wastes which was issued in March, 1958, contains certain recommendations on safe disposal methods. At some future date, all radioactive wastes will be disposed of on certificates granted by the appropriate Minister but until that day, there is still a certain amount of confusion as to who is responsible for disposal arrangements. Fortunately excellent advice is obtainable through the Ministry of Housing and Local Government on the disposal of such material. The quantities are usually very small with extremely low activity and there is obviously no hazard to personnel or underground water supplies. All the dangerous wastes are disposed of by experts at the Atomic Energy Research Establishment or elsewhere.

WATER SUPPLIES AND SEWERAGE SCHEMES.

In some counties, it is the practice to carry out detailed sanitary surveys from time to time in order to obtain information on water supplies and sewerage schemes. In Hertfordshire, we are relatively fortunate because there is an extremely good coverage of all property as far as water supply schemes are concerned and many of the urban areas have a 100 per cent mains supply to all premises. In the case of rural authorities, the coverage is satisfactory and is usually in the region of about 95 per cent of houses. At least one Rural Authority, however, has a 100 per cent coverage in its district.

While outlying farms may not always have a mains supply, they often get their water from deep bores in the chalk which yield water satisfactory in quality and quantity and such supplies are made available to nearby cottages.

There are, however, a few properties in most rural areas with individual shallow wells to which it would be quite impracticable to bring mains supply.

From our knowledge of sewage disposal facilities in the districts in Hertfordshire, it is obvious that the main trunk schemes have had a great impact. All the Boroughs with the exception of Hertford drain to trunk schemes while eight out of the eighteen Urban District Councils also drain to trunk sewers and it is possible that at least three more Urban Districts will eventually join Regional Drainage systems. In the rural areas, there are some districts where complete coverage by modern sewage disposal systems at reasonable cost is foreseeable within the next ten years. Other areas which are less densely populated, have still a great deal of work to do and there are many small villages where nuisances still exist and where the "village drain", originally intended to take surface water only, has become an unauthorized sewer. Every possible support is given to schemes which include such areas.

TABLE 51.
NEW HOUSING.

	Local Authorities and Housing Associations		Private Builders	
	Under Construction	Completed since 1st April, 1945	Under Construction	Completed since 1st April, 1945
<i>Boroughs.</i>				
Hemel Hempstead	75	1,272	107	927
Hertford	112	992	79	353
St. Albans	48	3,053	91	1,321
Watford	29	3,742	197	1,664
Total—Boroughs	264	9,059	474	4,265
<i>Urbans.</i>				
Baldock	62	522	4	106
Barnet	176	842	62	922
Berkhamsted	26	558	63	677
Bishop's Stortford	—	728	121	1,740
Bushey	64	630	49	1,402
Cheshunt	—	1,488	471	3,117
Chorleywood	—	198	28	662
East Barnet	65	895	93	1,241
Harpenden	41	671	159	1,285
Hitchin	36	1,043	62	1,284
Hoddesdon	—	846	102	1,093
Letchworth	203	1,896	88	691
Rickmansworth	—	1,133	161	1,243
Royston	—	516	49	303
Sawbridgeworth	—	234	15	303
Stevenage	—	619	78	303
Tring	5	162	187	315
Ware	99	721	79	419
Welwyn Garden City	41	1,299	1	212
Totals—Urbans	818	15,001	1,872	17,318
<i>Rurals.</i>				
Berkhamsted	—	180	23	361
Braughing	10	432	26	219
Elstree	8	1,564	6	874
Hatfield	16	1,452	182	1,506
Hemel Hempstead	17	778	19	596
Hertford	24	594	35	370
Hitchin	12	916	60	692
St. Albans	82	1,695	183	2,520
Ware	4	686	10	284
Watford	71	894	143	1,679
Welwyn	—	396	41	318
Total—Rurals	244	9,587	728	9,419
Totals—County	1,326	33,647	3,074	31,002

This table does not show the housing development in the New Towns within the County boundary. The following table shows the number of houses completed in the New Towns at the 31st December, 1960.

	Under construction	Completed
Hatfield	380	2,750
Hemel Hempstead	1,036	9,087
Stevenage	506	9,603
Welwyn Garden City	654	4,182
Totals	2,576	25,622

